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and of the
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UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Mexico

Proposed UNFPA assistance: \$15.5 million, \$10.5 million from regular resources and \$5 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Third

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	7.4	3.5	10.9
Population & development strategies	1.5	.8	2.3
Advocacy	1.6	.7	2.3
Total	10.5	5.0	15.5

MEXICO

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	77.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	53.0	≥ 55
Access to basic health services (%) ³	78.0	≥ 60
Infant mortality rate (/1000) ⁴	36.0	≤ 50
Maternal mortality rate (/100,000) ⁵	110.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	100.0	≥ 75
Adult female literacy rate (%) ⁷	86.0	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	93,674	Annual population growth rate (%)	1.8
Population in year 2000 (000)	102,410	Urban	2.4
Sex ratio (/100 females)	99.5	Rural	-0.3
Per cent urban	75.3	Crude birth rate (/1000)	24.8
Age distribution (%)		Crude death rate (/1000)	5.1
Ages 0-14	35.9	Net migration rate (/1000)	-1.8
Youth (15-24)	21.1	Total fertility rate (woman)	2.80
Ages 60+	6.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	52.3	Males	68.9
Median age (years)	21.7	Females	75.0
Population density (/sq. km.)	48	Both sexes	71.9
		GNP per capita (U.S. dollars, 1994)	4,010

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Mexico in achieving its development and population objectives. UNFPA proposes to fund the programme in the amount of \$15.5 million, of which \$10.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$5 million from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the third UNFPA country programme for Mexico.

2. The proposed programme has been designed in coordination with the Government of Mexico, through the National Population Council (CONAPO). It is based on the Government's national plans and programmes for 1995-2000, including the National Development Plan, the National Population Programme, the National Women's Programme, and the Reproductive Health and Family Planning Programme. It is also based on the ICPD Programme of Action, the Latin American and Caribbean Regional Plan of Action on Population and Development, the recommendations of the programme review and strategy development (PRSD) mission that visited Mexico in April 1996; a draft Country Strategy Note prepared by the Government of Mexico and United Nations agencies; and the report of the mission to evaluate contraceptive requirements in Mexico that took place in March-April 1995.

3. According to the UNFPA's new approach for resource allocation, Mexico is classified as a category "B" country. UNFPA's strategy in the country will focus on improving reproductive health services in five priority states -- Chiapas, Oaxaca, Puebla, Guerrero and Hidalgo -- with special emphasis on the first three. UNFPA will also contribute to developing specific programmes for multi-bilateral assistance.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 94/128.

Background

5. In spite of a relatively high average gross national product, there are still great geographic and socio-economic inequalities in Mexico. In 1992, the last year for which data are available, 44.1 per cent of the population lived at or below the poverty level, and 16.1 per cent of the population lived in conditions of extreme poverty. Following the financial crisis at the end of 1994, Mexico's economy suffered an unprecedented depression with high social costs, which still persist. The Government has identified areas of the country with high percentages of poor populations (or high

"marginality" levels in official terminology) and has targeted poverty alleviation programmes addressing these groups.

6. In 1996, the natural population growth rate was estimated at 2.0 per cent, the total fertility rate at 2.8 children per woman and infant mortality at 29 per 1,000 live births. These average values, however, encompass great disparities across social groups. For example, fertility rates among the indigenous population is twice that of the rest of the population, while infant mortality for this group is more than 70 per cent above the national average. Despite the significant achievements in population in the last 20 years, the desired impact has not yet reached marginalized population groups, especially in rural areas. Therefore, future progress in Mexico's population programmes still depends on the Government's focused efforts with the most vulnerable population groups. External financial and technical assistance is still needed to strengthen certain aspects of poverty alleviation policies linked to population concerns.

7. The Mexican Government has established an index that measures the relative marginality of regions in the country. This index takes into account different social and economic indicators. According to this index, the five states chosen for UNFPA interventions are the most marginalized in the country, with fertility and mortality levels significantly higher than national averages. In the country as a whole, the main factor in diminishing fertility levels has been the greater use of contraceptive methods. The national contraceptive prevalence rate was 53 per cent of fertile-age married women in 1995, but in rural areas in the five selected states it is estimated to be 40 per cent. There is a high reliance on a few methods, with 41 per cent of users relying on female sterilization and 22 per cent on IUDs. The concentration on these two methods is even higher in rural areas. These patterns are related to problems of poor quality and limited accessibility of health services in those states, particularly in the most marginalized areas and for indigenous groups.

Previous UNFPA assistance

8. Between 1972 and 1989, UNFPA contributed more than \$34 million to population activities in Mexico, of which two thirds went for maternal and child health and family planning (MCH/FP) activities. Most of the projects were executed by the Ministry of Health and CONAPO. The decentralization of national population activities in Mexico is still an ongoing process. Consequently, UNFPA's cooperation has been basically channeled to the central level through a few counterparts. The activities of the new programme will be executed through local multisectoral partners (both governmental and non-governmental, including grass-roots, organizations) that operate close to the beneficiaries. Central-level institutions will play a coordinating role.

9. In the area of reproductive health, UNFPA projects have contributed to the attainment of higher technical standards, better trained human resources, strengthened technical capacities and expanded coverage. Cooperation with some NGOs in training doctors and nurses in industrial

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enterprises and in working with adolescents, although modest in scope, has produced results that merit dissemination. In relation to information, education and communication (IEC) matters, some projects developed innovative methodologies and high quality materials. In response to the ICPD Programme of Action, three innovative projects were implemented in Mexico: one in terms of advocacy to create awareness of population issues; one to promote gender equality, in support of the Government's national women's programme; and one to support the decentralization of population policy in the state of Queretaro. The three projects had results that provide lessons that will be carried into the new programme.

Other external assistance

10. Since Mexico joined the Organization for Economic Cooperation and Development (OECD) in 1994, different foreign aid donors have gradually reduced their contributions. Assistance by the United States Agency for International Development (USAID) will amount to \$50 million for the period 1993-1998, but USAID will gradually phase out contributions for family planning activities. During the next four years, it is expected that the Japan International Cooperation Agency (JICA) will donate contraceptives and audiovisual equipment valued at \$200,000 a year. The World Bank is providing a credit of \$310 million to the health sector for the period 1996-2000. After 1998 UNFPA will be the most important donor, on a grant basis, to the Government of Mexico's population activities. The UNFPA programme will concentrate on issues directly related to the objectives not being covered by national institutions and/or other cooperating agencies.

Proposed programme

11. The programme focus will be on the five priority states and will give special attention to Chiapas, Oaxaca and Puebla, with at least 65 per cent of the proposed resources being devoted to them. The remaining 35 per cent will be allocated to Guerrero and Hidalgo. In the five states, the programme will focus on the neediest and most marginalized groups, such as the indigenous populations, and will address their specific needs. In Guerrero and Hidalgo, the programme will focus primarily on the poorest and neediest micro-regions within the state. Five specific sub-programmes with reachable and measurable goals will be prepared, taking into consideration the particular characteristics and conditions of each state. The programme will be multisectoral and will include all three of UNFPA's core programme areas: reproductive health, population and development strategies, and advocacy. However, the emphasis placed on each area will vary, with most resources and attention being given to reproductive health, including family planning and sexual health.

12. Reproductive health. The key issues to be addressed in the area of reproductive health at the sub-national level are: (a) problems in the quality and management of the reproductive health care being offered by established health services; (b) deficiencies in the coverage of and access to those

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services, especially by rural indigenous groups; and (c) lack of public awareness and knowledge of reproductive health issues. Support will be given to strengthening management capacities at the local level as a means of promoting decentralized administration. To guarantee satisfactory access to services, outreach brigades will be formed to make periodic visits to dispersed communities and to undertake campaigns to inform people about the availability of reproductive health services, particularly counselling. In the five states selected for UNFPA interventions, the programme will emphasize the needs of those, at the first stages of their reproductive lives. The programme will help to educate young people on the importance of delaying the age of marriage, the postponement of age of first pregnancy, and the adequate spacing of pregnancies. It will also promote men's responsibility and involvement in reproductive health activities.

13. Priority will be given to the extension, accessibility and quality of reproductive health services in indigenous communities, with special attention to the perspectives and needs of the diverse ethnic groups that make up the population of these states based on the respective cultural values and social organization of these groups utilizing existing studies and available information to design and implement reproductive health activities. To provide quality services, it is necessary to ensure that the services offered are properly adapted to the users' sociocultural needs; this can be done by taking advantage of existing studies and information available and by including them in health programmes. It will also be necessary to train service providers, especially those providing primary health care, including traditional birth attendants, volunteers and other community promoters, so that they take those sociocultural aspects into account when providing services.

14. Improvements in the quality and efficiency of reproductive health services will be sought through training at all health service levels, with emphasis on respect for reproductive rights, gender sensitivity, diversification of contraceptive methods, and on managerial and operational issues. Reducing unwanted and high-risk pregnancies and promoting appropriate birth-spacing will be an important aim of reproductive health activities. Young people will receive adequate counselling and contraceptive methods as a means of delaying the first pregnancy and of preventing the spread of sexually transmitted diseases, especially HIV/AIDS.

15. To reinforce the emphasis on adolescent reproductive health, support will be given to institutions working at regional and local levels to incorporate sex education into formal education curricula and programmes. Experienced, in particular local, NGOs as well as sports and cultural associations will also be involved in non-formal sex education activities. To reach dispersed rural communities, the programme will assist in producing specific education materials and in training educational promoters. Teachers will be trained on how to handle sex education and other population subjects. UNFPA will work to strengthen the population councils (COESPOs) in the five states to help them coordinate, follow up and evaluate IEC activities.

16. Population and development strategies. Geographic information systems (GIS) will be utilized to facilitate the identification of the specific communities in which to focus programme activities. To do so will require adequate identification, systematization and use of existing information and socio-demographic studies available in the states. Training and technical advisory needs in managing the system have been identified and will be provided to COESPOs, other public sector agencies, social and academic institutions as well as NGOs.

17. As part of the strategies to ensure better cultural adaptation of services, efforts will be made to promote the participation of community and grass-roots organizations through the adequate use of sociocultural research by planners and service providers. This will include efforts to update profiles on the awareness of and attitudes concerning reproductive health among the priority populations. In support of the process of decentralization the proposed programme will help in determining the specific role that population policy plays in the context of local development policies. The technical and operational capacity of the local coordination entities at the state and municipal levels will be strengthened through the exchange of experiences and technical advisory activities.

18. Advocacy. Support will be provided to the Government's advocacy efforts directed towards improving the cultural accessibility and overall quality of reproductive health services by increasing the awareness of decision makers and by working to improve the interpersonal skills of local providers regarding users' sociocultural characteristics and gender considerations. It is imperative to radically improve outreach in order to provide marginalized groups with quality services. The proposed programme will work with individual community promoters to sensitize them to their clients' reproductive rights and gender concerns. Advocacy activities will also be undertaken in support of the Government's efforts to encourage equal access by girls and boys to the educational system.

Implementation, monitoring and coordination

19. The proposed programme will be executed by multiple partners at the local level. In each case, the most appropriate executing agency will be selected from among government offices, NGOs, academic institutions and community organizations. Each agency's operational and administrative capacity will be identified and will be strengthened, as necessary, to ensure executive, administrative and financial accountability. The programme resources will be allocated to the states through the cooperation agreements in population that CONAPO and the state governments jointly signed to coordinate population activities. The COESPOs will be the Mexican governmental institution responsible for sub-programme coordination, administration and monitoring of resources at the state level. UNFPA staff, together with CONAPO, will make periodic monitoring visits to each state.

20. Under the coordination of the United Nations Resident Coordinator, several interagency coordination committees have been established, and discussions are under way with all the agencies

concerned with the Country Strategy Note on multilateral cooperation in Mexico. At the state level, specific coordination with other donor agencies that also work in the field of reproductive health, such as UNICEF, PAHO and others, will be enhanced.

21. There is an imperative need to improve the supervision of service delivery through the training of supervisors and by establishing the proper indicators for monitoring and evaluation. Work in this area will be carried out in consultation and cooperation with women's NGOs. To improve supervision and evaluation of local programmes, emphasis will be given to technical assistance and the exchange of experiences between states and on the development of indicators that allow the measurement of impact of such programmes on the target groups.

22. Programme delivery will be strengthened by programme support staff in order to enable the UNFPA country office to carry out its supervisory, monitoring and evaluation responsibilities as well as to fulfill its mandate in offering high-quality technical assistance with the assistance of the UNFPA Country Support Team. Close communication will be maintained with executing agencies to strengthen inter-institutional and intersectoral coordination. Monitoring and evaluation of compliance with programme objectives will be based on quantitative and qualitative indicators to be formulated. A mid-term review will be held in mid-1999 and a final evaluation will take place in mid-2001.

Recommendation

23. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Mexico as presented, in the amount of \$15.5 million over the period 1997-2001, \$10.5 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of \$5 million would be sought from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Malawi

Proposed UNFPA assistance: \$15 million, \$11 million from regular resources and \$4 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.0	3.0	9.0
Population & development strategies	4.0	1.0	5.0
Advocacy	1.0	-	1.0
Total	11.0	4.0	15.0

MALAWI

INDICATORS RELATED TO ICPD GOALS*

	Thresholds*
Births attended by health professional (%) ¹	55.0 ≥ 60
Contraceptive prevalence rate (15-44) (%) ²	13.0 ≥ 55
Access to basic health services (%) ³	80.0 ≥ 60
Infant mortality rate (/1000) ⁴	143.0 ≤ 50
Maternal mortality rate (/100,000) ⁵	400.0 ≤ 100
Gross female enrolment rate at primary level (%) ⁶	45.5 ≥ 75
Adult female literacy rate (%) ⁷	38.8 ≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

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⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	11,129	Annual population growth rate (%)	3.5
Population in year 2000 (000)	12,144	Urban	6.2
Sex ratio (/100 females)	97.4	Rural	3.0
Per cent urban	13.5	Crude birth rate (/1000)	47.4
Age distribution (%)		Crude death rate (/1000)	19.6
Ages 0-14	46.8	Net migration rate (/1000)	-10.3
Youth (15-24)	18.9	Total fertility rate (woman)	6.69
Ages 60+	4.4	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.5	Males	44.3
Median age (years)	16.6	Females	45.4
Population density (/sq. km.)	94	Both sexes	44.8
		GNP per capita (U.S. dollars, 1994)	140

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the five-year period 1997-2001 to assist the Government of Malawi in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$15 million, of which \$11 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$4 million from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Malawi.
2. The proposed programme was prepared in close collaboration with national authorities and takes into account the Government's overall objectives on population and development, the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise, and the proposed programmes of other multilateral and bilateral donors in the population field, in particular those of UNDP, UNICEF and the World Food Programme (WFP).
3. The programme is designed to help the Government achieve the following national objectives by the year 2002, which it has set for itself in the National Population Policy and other policy documents: to reduce the annual population growth rate to 2.4 per cent; to reduce the total fertility rate from 6.7 to 5.0; to reduce the infant mortality rate from 143 per 1,000 live births to 100 per 1,000; to reduce maternal mortality to 200-300 per 100,000 live births; to reduce adolescent pregnancies by 50 per cent; and to increase the contraceptive prevalence rate to 28 per cent. The programme will also work to contribute to gender equality, equity and the empowerment of women.
4. The broad strategies to be employed in helping the Government achieve these goals cut across the three UNFPA core programme areas and include: (a) strengthening institutional capacity; (b) building human capacity; (c) assisting with the process of decentralization; (d) establishing advocacy networks and partnerships; (e) encouraging greater coordination of inputs for population programmes by the United Nations system and bilateral agencies; (f) promoting technical cooperation between Malawi and other developing countries; and (g) ensuring community participation in population activities, thus promoting ownership and sustainability. UNFPA will work at the national level in assisting the Government in coordination and advocacy activities and will concentrate on four underserved districts in helping to provide reproductive health services.
5. All activities undertaken under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. On the basis of the 1987 population census, Malawi's population is currently estimated at 11.1 million, increasing at an annual rate of 3.5 per cent. This translates into more than 200 persons per square kilometre of arable land, making Malawi one of the most densely populated countries in Africa. The high population growth rate is exerting increasing pressure on various sectors of the economy. Environmental degradation and soil erosion are on the increase, and forest resources are being depleted beyond sustainable levels.

7. Although declining from 7.6 children per woman in 1984, the total fertility rate is still high at 6.7 as a result of a pattern of early marriages, early age at first pregnancy and relatively short birth intervals. According to the 1992 demographic and health survey, at the time of the survey 65 per cent of adolescents had started child-bearing. As expected, fertility among rural women is higher (6.9 children per woman) than among urban women (5.5 per woman). In spite of a more than 90 per cent awareness of modern contraception as reported by the same survey, the contraceptive prevalence rate (CPR) of 13 per cent is still low. Factors accounting for the low contraceptive rate include limited access to, and availability of, family planning services as well as sociocultural attitudes that inhibit utilization of reproductive health services.

8. Despite a rather good coverage of health facilities in the country, the health status of Malawi's people is very low. Almost one in every four children dies before reaching the fifth birthday. Maternal mortality is very high, and as many as 2,700 women die every year of pregnancy-related complications. The low health status has been aggravated by a worsening HIV/AIDS crisis: Malawi has one of the highest rates of HIV infection in the world with an estimated 1.3 to 1.6 million persons being infected. Except for the percentage of the population that has access to basic health services, Malawi does not meet any of the threshold levels of the ICPD-related goals endorsed by the Executive Board in decision 96/15. It therefore fits into category "A" in terms of UNFPA's new approach for resource allocation.

9. In spite of commendable initiatives by the Government to promote women's equality, including the adoption of a new Constitution that provides for the protection of women's rights and the signing by Malawi of the Convention on the Elimination of All Forms of Discrimination Against Women, strong social and cultural forces continue to assign a very low status to Malawian women. The overall educational level remains low. However, following the introduction of free primary education in 1994-1995, enrolment increased from 2 million in 1993-1994 to 3.2 million the following year. The increase among girls has been particularly noticeable. Despite these improvements, the education system still faces a number of constraints, such as overcrowding, lack of materials and high drop-out rates, especially among girls.

10. The Government's perceptions and attitudes towards population have evolved over time from total indifference to lukewarm to one of very enthusiastic and strong support, especially after

the change from the single-party system to a multi-party system in 1994. In 1986, after several years of not acknowledging that Malawi had a population problem, the Government accepted some recommendations made by the World Bank, including the establishment of a formal institutional capacity for population policy formulation and planning and strengthening of the child-spacing component of the maternal and child health and family planning (MCH/FP) programme. The child-spacing policy and contraceptive guidelines were liberalized in 1992 to allow the provision of services to adolescents and unmarried people. The first explicit and comprehensive population policy was adopted by the Government in 1994. The overall goal of the population policy is to lower fertility and infant, child and maternal mortality rates as well as to increase utilization of family planning services.

Previous UNEPA assistance

11. UNFPA's third country programme for Malawi was approved in the amount of \$10.5 million for the period 1992-1996 and sought mainly to increase the demand for and the provision of MCH/FP services as well as to expand knowledge and enhance awareness of the interrelationships between population, the environment and development. The PRSD found that, overall, the UNFPA programme design was consistent with the positive shift in the Government's stance towards population issues. Some of the objectives were, however, unrealistic in that they did not take into account the lack of institutional capacity. The programme substantially contributed to the formulation of several policy documents in addition to the population policy. Overall, the PRSD team found these policy guidelines to be appropriate, relevant and implementable. It did, however, find some weaknesses: some of the goals of the population policy were too ambitious; the information, education and communication (IEC) strategy focused more on awareness creation and less on strategies to change behaviour; and the National Commission on Women in Development lacked adequate resources to implement the national policy on women.

12. These shortcomings were further exacerbated by weak technical, managerial and institutional capacity; inadequately equipped health infrastructure; limited access to and availability of reproductive health services, including family planning; deep-seated sociocultural beliefs and customs detrimental to women; high illiteracy rates; and the very low status of women. Other constraints to a more successful implementation of the programme relate to inadequate coordination of the programme, both by the Government and the donor community. In addition, the strong government support at the highest level is yet to permeate other levels of leadership and to the population at large. Nevertheless, the new Government's policy of openness and its commitment to positive change provide a conducive environment for implementing the new population programme.

13. Activities in the area of MCH/FP have contributed substantially to some of the policy guidelines mentioned above as well as to the extension of reproductive health services, through, for example an increase in the number of health facilities providing family planning services from 326 in 1993 to 393 in 1995. However, in addition to weaknesses mentioned above, the health system has been unable to cope with the reproductive health needs of adolescents and the alarming spread of HIV/AIDS. Activities in the IEC sector have resulted in a high general awareness about family planning among all age and socio-economic groups. Ninety-seven per cent of married men and 95 per cent of married women know of at least one method of family planning and where to get services. This high level of awareness about family planning, and of HIV/AIDS, among adults has not led to a discernible change in behaviour, highlighting shortcomings in the IEC strategy.

14. Achievements in the data collection and analysis sector include analysis of the 1987 population and housing census as well as the mapping for the 1997 population and housing census. The data from the 1987 census are now being used by the Government and donors alike for planning, especially at the district level. The major achievement in the policy area was the formulation of the population policy and increased awareness of population issues, as evidenced by the integration of population concerns in all major policy documents. In the area of population dynamics, programme resources were mostly used for the teaching of demography and population studies at the University of Malawi, as a continuation of activities started during the previous country programme. This programme has proved to be a catalyst for bringing about awareness of population issues among students, staff, decision makers and planners. Due to lack of staff, the research component has, however, not produced any significant result.

15. A major achievement in the area of gender, population and development has been the programme contribution to the formulation of the National Policy and Plan of Action for Women in Malawi. The implementation of the policy, however, faces a major challenge in view of the institutional weakness of the National Commission on Women in Development (NCWID), the national coordinating body for gender concerns.

Other external assistance

16. There are several major donors in the population field in Malawi: UNICEF, UNDP, WHO, the European Union, the United States Agency for International Development (USAID), the British Overseas Development Administration (ODA), and the German Gesellschaft für Technische Zusammenarbeit (GTZ) all make contributions in this area. While it is difficult to quantify the volume of assistance to the population sector due to uncertainties on funding levels, it is roughly estimated that over the next five years the total annual level of external assistance to the population sector will be approximately \$20 million, of which UNFPA would contribute somewhat more than \$3 million.

17. In the absence of a strong national coordinating body, the health and population donor subgroup, of which UNFPA is an important member, plays an important role in ensuring complementarity of inputs. The proposed programme takes fully into account the inputs from other development partners, including NGOs and multilateral and bilateral donors, through continued active participation in existing coordination mechanisms at the country level. Substantively, while UNFPA will focus on its three core programme areas, care will be taken that, where other agencies provide the same type of assistance, the programme will focus on areas where UNFPA has a comparative advantage. In the reproductive health area, UNFPA will ensure that its assistance is complementary to that of UNICEF, ODA, WHO and others. In the population and development strategies area, the programme will focus on increasing understanding of population issues and ensuring effective integration of population factors into development planning. In the area of advocacy, the programme will seek to promote support by leaders at all levels for the National Population Policy. In working with the Government on these issues, the Fund will collaborate closely with UNDP, UNICEF, WHO and others to ensure complementarity and coherence of messages.

Proposed programme

18. The main strategies of the proposed programme are to strengthen institutional and human capacity and to ensure community participation. Such an approach is a prerequisite for self-sufficiency and will promote ownership and sustainability. While activities in the three core programme areas will be implemented throughout the whole country, at least four districts with particularly poor reproductive health indicators will be targeted for special attention. These include Thyolo, Chikwawa, Mchinji and, possibly, Nsanje districts. Mchinji has been selected by the United Nations system as a whole as a pilot case for enhanced coordination and collaboration where inputs from various United Nations agencies will be provided in a complementary way. For each of the three programme areas, a strategic implementation plan will be developed, and gender concerns will be addressed as a cross-cutting issue in all three programme areas.

19. **Reproductive health.** In the area of reproductive health, the proposed programme will seek to provide integrated reproductive health services, including family planning, in at least 30 per cent of existing health centres, up from the current 10 per cent that provide these services. It will also aim at improving privacy for selected health centres at the primary level. At the community level, 100 villages will be targeted for the integration of reproductive health into the WHO-supported primary health care programme. Moreover, outreach-clinic activities will be expanded to more rural areas in the four priority districts. Support will also be provided for the renovation and/or upgrading of at least 30 health centres in areas where no other agency is operating. In order to increase the availability of services, assistance will be provided for essential drugs, supplies and equipment for reproductive health, including a range of contraceptives and communication and transport facilities. This activity will be facilitated by the contraceptive logistics management system now being developed by the Government with the assistance of USAID. The proposed programme

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will give special attention to the reproductive health needs of youth and the involvement of males in the implementation of the reproductive health programme, as will the need to reduce the transmission of sexually transmitted diseases (STDs), including HIV/AIDS.

20. As part of institution building, the technical capacity of the Family Health Unit will be enhanced by redefining and expanding its role as a Reproductive Health Unit. UNFPA will support training to accomplish this. Similarly, the technical and managerial capacity of the National Family Welfare Council of Malawi, a parastatal organization created to coordinate family planning and related IEC activities, will also be strengthened through staff training. Family planning coordinators at the regional and district levels will be trained in planning, monitoring, supervising and evaluating reproductive health programmes. In implementing this programme, UNFPA will seek to expand its collaboration with NGOs as well as with institutions in the private sector, such as the tobacco and tea estates.

21. In order to build human capacity to carry out reproductive health activities and to improve the quality of care being offered, the proposed programme will help with the training of at least 800 health workers in reproductive health service delivery, with emphasis on those already trained in family planning. Furthermore, three of the seven in-service training centres for service providers will be upgraded and provided with necessary training materials in order to increase their intake of trainees and to enhance the quality of the training, the objective being to have by the end of the programme a corps of 1,600 service providers competent in reproductive health. Furthermore, additional community-based distribution (CBD) agents will be trained and assigned primarily in areas covered by Catholic health facilities. In addition, selected training health institutions will be assisted with the integration in their curriculum of the new reproductive health approach. Support to the WHO-sponsored primary health care programme will involve the training of a minimum of 600 traditional birth attendants and the construction of 100 traditional birth attendant huts.

22. To make IEC in support of reproductive health more effective, special emphasis will be placed on strategies aimed at reducing the huge gap between knowledge and utilization of reproductive health services. To stimulate demand for reproductive health services, knowledge of sociocultural factors that influence utilization of such services will be increased, as will the implementation of IEC strategies aimed at changing behaviour. As a means of addressing the reproductive health needs of youth and increasing their knowledge about population issues in general, existing IEC materials for teacher training colleges will be improved to focus on behaviour-changing strategies. In addition, current in-school population education activities will be expanded by the introduction of the revised curriculum integrating population issues in all primary schools by 1997. Furthermore, population education will be introduced on a pilot basis in selected secondary schools. To improve the reproductive health of out-of-school youth, the programme will continue support to the Ministry of Youth, Sports and Culture for activities aimed at reducing HIV prevalence and adolescent pregnancies.

23. The programme will also develop, test and disseminate interpersonal communication tools for discussing cultural issues connected to reproductive health, including participatory research tools for men and adolescents. The programme will set up multi-purpose counselling centres for youth where services will also be made available. With a view to promoting male involvement in reproductive health, UNFPA will work to expand the male-to-male peer counselling programme in which male clients are recruited to advocate for reproductive health, including family planning, to other men. Within the overall programme, STDs and HIV/AIDS prevention messages will be developed and integrated in all IEC and reproductive health interventions. Furthermore the programme will continue to support UNAIDS activities, including sensitization workshops.

24. Population and development strategies. The priority in the population and development strategies area is to achieve a better understanding by the population at large of the interrelationships between population and various development variables as well as to ensure adequate integration of population factors into development planning. The National Population Policy provides an appropriate framework to address these issues. To this effect, the programme will provide continued support to established task forces for the preparation of a multisectoral action plan for the implementation of the National Population Policy. It will also provide training, technical expertise and financial resources to relevant government agencies to enhance their capacity for data collection and analysis, including the production of routine population projections taking into account the AIDS epidemic.

25. To ensure ready availability of updated data for planning, particular emphasis will be placed on the timely completion, analysis and dissemination of the 1997 population and housing census by providing financial and technical assistance and equipment. Furthermore, a comprehensive database on population and related fields will be established. At the same time, the programme will help develop methodologies and indicators for monitoring and evaluating progress towards the achievements of the goals of the population policy and the ICPD Programme of Action. Furthermore with a view to ensuring a better appreciation of population issues, research will be conducted on the interrelationships between population, poverty and the environment. Efforts to sensitize the population at large on population issues through workshops and other channels will continue, with a particular emphasis on district and village levels. As part of the programme contribution to gender equality, the programme will provide continued support for the establishment of teams of gender advocates, trainers and analysts. The programme will also support operational research on cultural factors affecting the role of men and women in society.

26. Advocacy. In spite of the strong commitment to population issues at the highest levels of the Government, this support has not yet reached decision makers and opinion leaders at all levels. The objective of the programme in advocacy is to assist the Government to achieve broad-based support among leaders at all levels for the national population programme. In particular, activities in this area will aim at ensuring the adoption of the "reproductive health culture", including the need to address adolescents' reproductive health needs, male responsibility, maternal mortality and morbidity,

abortions, STDs and HIV/AIDS as well as gender equality and equity and the empowerment of women. In order to achieve these objectives, the programme will build capacity for advocacy through partnerships with NGOs, community-based organizations and church groups.

Programme implementation, monitoring and coordination

27. The programme would be implemented by the various government agencies involved in the population programme, UNFPA, other United Nations agencies and international organizations, in addition to NGOs, the civil society and the private sector. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines, which will include substantive annual project reports leading to tripartite review meetings. The Country Programme Management Team, comprising all managers of UNFPA-supported activities and technical advisers, will meet biannually to review workplans, discuss progress and plan for the future. A mid-term country programme review will be scheduled, in coordination with UNICEF, WHO, the World Food Programme and UNDP, for late 1999. Training will continue to be organized for project personnel in financial management in an effort to address difficulties encountered in the past. Technical backstopping will be provided by the UNFPA Country Support Team in Harare, Zimbabwe. The programme will contribute to the harmonization of inputs through UNFPA's participation in all relevant coordinating mechanisms.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance to Malawi, as outlined above, in the amount of \$15 million over the period 1997-2001, \$11 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$4 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Zambia

Proposed UNFPA assistance: \$10.5 million, \$8.5 million from regular resources and \$2 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	4.5	2.0	6.5
Population & development strategies	3.0	-	3.0
Advocacy	1.0	-	1.0
Total	8.5	2.0	10.5

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ZAMBIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	51.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	15.0	≥ 55
Access to basic health services (%) ³	75.0	≥ 60
Infant mortality rate (/1000) ⁴	104.0	≤ 50
Maternal mortality rate (/100,000) ⁵	150.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	62.2	≥ 75
Adult female literacy rate (%) ⁷	67.4	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	9,456	Annual population growth rate (%)	2.6
Population in year 2000 (000)	10,754	Urban	3.3
Sex ratio (/100 females)	97.8	Rural	2.0
Per cent urban	43.0	Crude birth rate (/1000)	41.9
Age distribution (%)		Crude death rate (/1000)	16.2
Ages 0-14	47.5	Net migration rate (/1000)	0.0
Youth (15-24)	20.0	Total fertility rate (woman)	5.98
Ages 60+	3.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.5	Males	45.4
Median age (years)	16.2	Females	46.8
Population density (/sq. km.)	13	Both sexes	46.1
		GNP per capita (U.S. dollars, 1994)	350

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Zambia achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$10.5 million, of which \$8.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$2 million from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance to Zambia.
2. The proposed programme is in keeping with the recommendations of the programme review and strategy development (PRSD) mission undertaken jointly with the Government in February/March 1996; the National Population Policy; the Country Strategy Note (CSN) for 1997-2001; the draft National Gender Policy; and the National Population and Development Programme of Action (1996-2015). Local non-governmental organizations (NGOs) also participated at all levels of programme formulation through the Inter-Agency Technical Committee on Population.
3. Zambia is a "Group A" country under UNFPA's new resource allocation scheme. The main purpose of the proposed programme is to strengthen the technical and managerial capacities of institutions involved in the national population programme and to integrate population and gender concerns into all plans, policies, programmes and strategies aimed at achieving sustainable human development. In relation to other donors in Zambia, UNFPA tends to have a special comparative advantage in the areas of population and development strategies and advocacy, and these areas will receive increased funding compared to the past. The major focus, however, will continue to be on reproductive health, including family planning and sexual health, where although UNFPA does not play the preponderant role in terms of external funding, it does play a lead role in terms of donor coordination and advocacy, and where it fills an important gap in providing support to those provinces with the worst reproductive health indicators.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Zambia's population has grown from 3.5 million at Independence in 1964 to 9.7 million at the end of 1996. The rate of population growth is currently estimated at 2.6 per cent a year. There are indications of some incipient decline in the total fertility rate from 6.7 in 1990 to 6.5 in 1992, and a further decline to about 6.0 over the next five years has been forecast by the United Nations. The

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contraceptive prevalence rate was 15.2 per cent for all methods and 8.9 per cent for modern methods among currently married women in 1992. The proportion of households headed by females was 16.9 per cent in 1990. The infant mortality rate increased from 97 per 1,000 live births in 1980 to 123 per 1,000 in 1990 and is currently estimated at slightly more than 100 per 1,000. The HIV/AIDS pandemic continues to take its toll: 13-17 per cent of the adult population were reported to be infected in 1994, and AIDS was estimated to account for half of all deaths in 1995. As a consequence, life expectancy at birth has declined, from 54 years in 1980 to 46 years in 1995.

6. The situation of women underlies the proposed programme's emphasis on gender concerns. Under the patriarchal system of social relations prevailing in the country, women are generally expected to defer to men in making major decisions, including those related to reproductive health. Despite their nominally equal status to that of men under the Constitution, women are discriminated against under customary, family and personal law. They have higher illiteracy rates and are more pervasively affected by poverty. Their access to education, employment, housing, land, inheritance of property, credit and transport remains circumscribed. Violence against women is widespread.

Previous UNFPA assistance

7. Cooperation between UNFPA and the Government of Zambia started in 1972, and the first country programme began in 1984. There have been important achievements, including the 1989 National Population Policy and the establishment of the Inter-Agency Technical Committee on Population and its sub-committees; the 1980 and 1990 national censuses; the establishment of the Demography Division at the University of Zambia and the training of some 130 demographers; the establishment of a Family Health Unit at the Ministry of Health and support for the National Family Planning Programme; and significant advances in the fields of population information, education and communication (IEC), adolescent reproductive health and gender concerns.

8. The major lesson learned from previous UNFPA programmes was that they were predicated on unrealistic assumptions about the priority that the Government could give to population matters in the face of other pressing concerns. For example, even though it was called for in the National Population Policy, it was not possible to establish a National Population Council. Furthermore, the third country programme (1994-1996) had to operate in a climate of uncertainty in the context of the Public Service Reform Programme (PSRP), under which all major national institutions are being restructured. The nine projects developed during the third country programme could only be approved in 1996, leading to the low programme implementation rate.

9. The real challenge for carrying out the population programme has been to redesign support to the Ministry of Health within the constraints imposed by the public service reform. A reproductive health sensitization workshop was held at the national level by the Ministry of Health in May 1996 to integrate reproductive health care into the national health reform process that is currently being

undertaken and to develop a national reproductive health strategy and network. The Family Health Unit is now being strengthened, has developed a clearer vision of reproductive health and has been taking active steps to operationalize, coordinate and implement a complex national reproductive health programme involving multiple organizations and donors. A 1995 baseline survey revealed that demand for family planning services is increasing in districts, and this will be reflected in future district plans. In this regard, another positive development has been the increased contribution by national and international NGOs to reproductive health services, some demonstrating that by increasing the quality of care, utilization of reproductive health services can increase rapidly in the urban areas. A new family planning policy guidelines and standards document has also helped to integrate family planning into the national reproductive health programme and has raised the profile of family planning within the Ministry of Health.

10. In the third country programme, WHO joined the Fund in supporting the contraceptive needs assessment study and production of the family planning policy guidelines and standards document, and WHO and UNICEF supported the Safe Motherhood needs assessment study. The Swedish International Development Cooperation Authority (Sida) provided support to the Ministry of Health and promoted sexual and reproductive health education in schools. Sida will provide \$8.5 million over the next four years to support reproductive health, including safe abortion services, HIV/AIDS prevention, and the national health survey. The United States Agency for International Development (USAID) is planning to spend \$60 million in health sector funding over the next four years focused on 20 districts in Central, Copperbelt, Eastern, Lusaka and Southern provinces, and this includes activities in the area of reproductive health. The British Overseas Development Administration (ODA) is planning to implement a \$9 million project over the next five years to procure the entire public sector contraceptive requirements of the country; strengthen family planning logistics and information systems in the Ministry of Health, and support community-based family planning services in Eastern Province in conjunction with the Planned Parenthood Association of Zambia.

11. UNFPA has played the lead role in assisting the Government to coordinate the activities of donors in the field of reproductive health, as well as promoting broader Government-donor coordination of the national population programme through the Inter-Agency Technical Committee on Population. With the development of a national reproductive health programme, it is expected that there will be a much more rational division of labour among the donors in response to clearly articulated national plans for training, standardized equipment procurement and upgrading of health centres. Although UNFPA has only contributed a minor share of financing for reproductive health activities, other donors recognized the Fund's comparative advantage in terms of its ability to work on reproductive health policy issues with the Government and also UNFPA's preeminent role in helping to formulate the national population programme. The major focus of UNFPA support is to develop national capacity by providing training and strengthening national institutions. The Fund is working closely with USAID on family planning, IEC and advocacy issues; with Sida on reproductive

health issues; and with WHO and UNICEF on Safe Motherhood issues, particularly maternal mortality, adolescent reproductive health and family planning.

Proposed programme

12. In pursuing equitable and sustainable human development, the Government of Zambia fully subscribes to the strategy proposed by the PRSD, namely, to intensify support for developing and implementing the national population programme at the provincial and district levels, while at the same time continuing to support policy development and institutional restructuring at the national level. The proposed programme would enable Zambia to work towards the goal of ICPD as well as to open up opportunities for programme expansion in key UNFPA programme priority areas under the Government's policy of decentralization.

13. Reproductive health. In the area of reproductive health, UNFPA will support the improvement of services in 13 districts in four provinces. This will mean expanding access to quality reproductive health services to health centres in these districts as part of the national health reform target of upgrading 400 health centres. All of the health centres assisted by UNFPA will be made accessible to adolescents and will provide reproductive health services designed to meet their needs. UNFPA support will enhance the quality and accessibility of reproductive health care by ensuring that these centres become more responsive to the needs of women. This would include providing adequate space and privacy in health facilities; supplying the medical equipment, materials and drugs relevant for reproductive health care; and addressing such quality-of-care issues as good counselling and interpersonal communication.

14. The Fund will assist in making updated, culturally appropriate, relevant and user-friendly IEC materials available in the same health centres and also for community outreach efforts. UNFPA will support the creation of demand for reproductive health, including family planning, services by men, women and adolescents through targeted IEC strategies. These will be designed to raise awareness of the economic and health benefits of family planning based on sociocultural research, with special attention being paid to encouraging male responsibility in reproductive health including family planning. The programme will also focus on reaching adolescents both in school and out of school.

15. The proposed programme will support management training for policy development, programming, monitoring, evaluation and development of reproductive health guidelines and tools in the context of the national health reform; supportive supervision, planning, monitoring and evaluation of reproductive health programmes at the district level; and pre- and in-service training for health workers to enable them to provide the full spectrum of quality reproductive health care appropriate for the particular district in which they serve. UNFPA will also promote sociocultural research and health systems operations research to provide a base for the review and design of culturally appropriate, more effective programming.

16. The Country Strategy Note provides for direct United Nations system support to NGOs and community-based organizations, and UNFPA will assist in developing a support programme for NGOs and community-based organizations to increase demand for reproductive health, including family planning, services among communities in the 13 districts in the four provinces targeted for quality reproductive health service expansion. This will enhance the national reproductive health network. One aspect of the programme will be to expose selected programme participants to reproductive health activities in other countries in the region and foster information exchange on successes and failures, thereby contributing to regional initiatives and a de facto regional reproductive health network.

17. Population and development strategies. UNFPA will assist the Government in achieving the objectives of the National Population and Development Programme of Action for implementing the recommendations of the ICPD. Under this programme of action the Government has undertaken to: (a) fully integrate population concerns into development strategies, planning and decision making at all levels; (b) establish requisite institutional mechanisms to provide strong national leadership for the national population programme; (c) promote better coordination among agencies dealing with population issues; and (d) update the National Population Policy with relevant material from international forums and ministerial policies.

18. UNFPA support and financial allocation to this programme area will be increased considerably compared with the past because other donors in the population area recognize UNFPA's comparative advantage in this area and tend not to fund population and development activities. UNFPA will consequently be one of the main donors in this area. The Fund will support, together with partner United Nations agencies in the context of the Country Strategy Note, the formulation of a national sustainable human development programme that takes population variables into account. The programme will synthesize and consolidate existing, fragmented social-sector programmes. This would be designed to make investment in social sectors more attractive to donors, to lead to more effective national coordination and more efficient use of scarce national resources, and, as its ultimate goal, to improve the quality of life of Zambians.

19. UNFPA assistance will specifically support the integration of population and gender concerns into the sustainable human development strategies that are adopted. This includes a comprehensive review of the structure, functions, composition and effectiveness of existing institutional frameworks in all sectors and at all levels of government for the implementation of the national population programme. The Fund will also support technical capacity-building for national planners at central, sectoral, provincial and district levels, and for relevant NGOs, through the provision of appropriate training, materials and equipment.

20. UNFPA will support sociocultural research and the disaggregation by gender of data used in policy making. The Government's commitment to integrated population and gender-sensitive development planning has been articulated in the Strategic Plan of Action for the Advancement of Women, and the Fund will work with the Government to make it a reality.

21. Advocacy. UNFPA will assist the Government in building support for the National Population Policy including the establishment of a National Population Council and the formulation of a policy on reproductive health. The Fund will also support the Government and relevant NGOs to help in eliminating statutory and customary laws and practices that perpetuate gender discrimination and to incorporate the provisions of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) into domestic legislation. Support will be provided for advocacy efforts to help reduce the rate of girl children dropping out of school. The Fund will work more generally to aid the Government in its efforts to empower women by raising their socio-economic status and improving their quality of life.

22. UNFPA will support the Government's advocacy on reproductive health and on the policies and programmes required for its implementation at the national level, cooperating with personnel from the Ministry of Health and NGOs as well as with parliamentarians, women's groups, researchers in the population field and other relevant groups. The Zambian All-Party Parliamentary Group on Population and Development is expected to become a major advocacy channel, especially for reaching political parties, politicians and their constituencies. UNFPA will support the Government's advocacy in favour of enhancing the understanding of the role of population in the development process among parliamentarians, governmental and NGO institutions, the media and community groups.

Implementation, monitoring and evaluation

23. Responsibility for coordinating the implementation of the national population policy is currently entrusted to the Inter-Agency Technical Committee on Population, which includes relevant ministries and NGOs, in addition to donors, and has specialized sub-committees chaired by both governmental and non-governmental agencies. The Committee and its sub-committees meet regularly and are responsible for the implementation of the National Population and Development Programme of Action for implementing the ICPD recommendations. The UNFPA Country Office will provide support to the Government to strengthen the coordination of the activities of implementing and executing agencies involved in the programme. The UNFPA Representative will manage the programme and will also work closely with the United Nations Resident Coordinator to coordinate the programme in the context of the Country Strategy Note. In addition, efforts will be made to coordinate the programme in the context of the national programmes and platforms of action for follow-up to the major United Nations conferences. As noted above, initiatives are under way to synthesize these into a national sustainable human development programme. UNFPA will continue

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to play the lead role in supporting coordination of international donor assistance to population-related activities.

24. The Country Strategy Note has made provisions for a mid-term review for all United Nations agencies in 1999 and final evaluation of United Nations system support to Zambia for the period 1997-2001. In addition, the proposed fourth country programme will be monitored using standard UNFPA guidelines. Regular visits will be made by the UNFPA Country Support Team (CST) advisers in line with annual technical backstopping plans. Each sub-programme and project will be designed to include monitoring and evaluation plans involving progress reports, annual project review meetings and independent evaluations. Indicators to measure progress in terms of meeting ICPD goals are being developed, as are indicators for measuring progress in terms of sustainable human development.

Recommendation

25. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Zambia, as outlined above, in the amount of \$10.5 million, \$8.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$2 million would be sought from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of the United Republic of Tanzania

Proposed UNFPA assistance: \$25 million, \$21 million from regular resources
and \$4 million from multi-bilateral and/or regular
resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	16.0	2.0	18.0
Population & development strategies	3.0	1.0	4.0
Advocacy	2.0	1.0	3.0
Total	21.0	4.0	25.0

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UNITED REPUBLIC OF TANZANIA
INDICATORS RELATED TO ICPD GOALS*

		<u>Thresholds*</u>
Births attended by health professional (%) ¹	53.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	10.0	≥ 55
Access to basic health services (%) ³	76.0	≥ 60
Infant mortality rate (/1000) ⁴	85.0	≤ 50
Maternal mortality rate (/100,000) ⁵	340.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	35.7	≥ 75
Adult female literacy rate (%) ⁷	52.4	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	29,685	Annual population growth rate (%)	2.8
Population in year 2000 (000)	34,074	Urban	5.7
Sex ratio (/100 females)	97.9	Rural	1.7
Per cent urban	24.4	Crude birth rate (/1000)	41.1
Age distribution (%)		Crude death rate (/1000)	13.5
Ages 0-14	47.8	Net migration rate (/1000)	0.0
Youth (15-24)	19.8	Total fertility rate (woman)	5.48
Ages 60+	4.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.5	Males	50.2
Median age (years)	17.0	Females	52.9
Population density (/sq. km.)	31	Both sexes	51.5
		GNP per capita (U.S. dollars, 1994)	90.0

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the United Republic of Tanzania achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$25 million, of which \$21 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$4 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance in the United Republic of Tanzania.

2. The proposed programme has been developed in close collaboration with national authorities, non-governmental organizations (NGOs) and the donor community. The programme takes into account the National Population Policy of 1992 and the National Programme for Implementation of the National Population Policy, approved in 1995, as well as other government policy statements in the social sphere. It is based on the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise that was undertaken in 1996. The proposed programme is harmonized with the programming cycles of UNDP and UNICEF.

3. The main goal of the proposed programme is to help the Government realize the objectives of the National Population Policy. To do so, UNFPA will help the Government in human resource training and institution building as ways of increasing the national capacity for carrying out population and reproductive health, including family planning and sexual health, programmes. The Fund will help in integrating reproductive health services into the quarter of the country's 4,000 primary health care facilities that currently lack them and in making the network accessible to adolescents requiring such services.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The United Republic of Tanzania is one of the least developed countries in the world, with an estimated per capita gross national product of less than \$100. Among social indicators, the country scores very low in terms of nutrition, access to safe water, sanitation, health status and life expectancy. The average schooling is 1.9 years for females and 2.1 years for males. Although fertility levels have been declining, they are still high -- estimated at 5.5 children per woman in 1994. About 30 per cent of births are attended by untrained traditional birth attendants, and it is known that 20 per cent of maternal deaths in Dar es Salaam are the result of abortions and that 60 per cent of induced abortions occur among adolescents. These are some of the reasons why both infant and

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maternal mortality rates are high, but there are certain factors that indicate reasonable chances of making improvements during the next programme cycle. These include the fact that about 90 per cent of pregnant women visit an antenatal clinic at least once and that slightly more than half of all births take place in health facilities. The contraceptive prevalence rate (CPR) for modern methods is about 10 per cent, but the knowledge of contraception is high at 80 per cent. Therefore, it seems quite possible to achieve a significant increase in the CPR if facilities and supplies are available.

6. The Government of the United Republic of Tanzania adopted concepts of "Health for All" and "Primary Health Care" well before they became global strategies for improving health. As a result, it invested heavily in health infrastructure down to the village level. The country's health strategy focuses on the delivery of primary health care services and emphasizes strengthening district management capacity, multisectoral collaboration and community involvement. Its early impressive achievements were, however, vitiated by the economic crisis that began in the 1970s. In 1992 it was estimated that per capita spending on public health was \$3.50 versus the estimated \$12 that would be required to achieve the goal of health for all.

7. While the country's health infrastructure reaches from the primary community level to tertiary referral, it faces a lack of skilled personnel, inadequate equipment and supplies, and a weak referral system. According to a situational analysis carried out in 1992, the average distance to a reproductive health and/or family planning service point is 5 kilometres. About three quarters of the 4,000-plus primary health care facilities offer reproductive health and family planning services. Half of these facilities have at least two persons trained in family planning service delivery. It is estimated that the current 4,500 trained service providers would need to be supplemented by an additional 4,000 service delivery persons in order for all primary health facilities to have two persons trained in reproductive health and family planning. Access to reproductive health services is sometimes difficult for adolescents and unmarried youth.

8. The PRSD report identified a number of persistent weaknesses and emerging issues in the provision of services. Reproductive health services are better utilized in urban centres because rural centres suffer greater shortages of trained personnel and basic drug supplies, except for contraceptives. Services in general are biased towards married women. The PRSD found that information, education and communication (IEC) activities in support of reproductive health, including family planning, targeted mostly women, were often restricted to health facilities and lacked sociocultural relevance. The gender imbalance at managerial and service delivery points and the nature of the services provided make services inaccessible to men and to youth and adolescents.

9. Women in the United Republic of Tanzania play a major role in agricultural production and family welfare but continue to be relegated to second class status. However, the country has made commendable efforts to promote gender equity, equality and women's empowerment. The Government's efforts have, however, been hampered by strong dominance of cultural values that

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reinforce patriarchal and patrilineal practices and ideologies. Various sociocultural beliefs and practices deny women equal access to educational opportunities, health security, inheritance of land and family property, economic opportunities, political participation and equal involvement in a changing society. However, there have been serious indications of enhanced political commitment from the highest levels of Government in favour of women's health, education, reproductive rights and gender issues as articulated in the Programme of Action of the International Conference on Population and Development and the Platform of Action of the Fourth World Conference on Women.

Previous UNFPA assistance

10. The PRSD mission found that UNFPA's third country programme in the United Republic of Tanzania, ending in 1996, had contributed to a number of significant achievements. For example, an accelerated increase in both the contraceptive prevalence rate and demand for family planning services was noted. The awareness throughout the country, both among policy makers and the general public, of the interrelation between population and development had increased. Equally, there is much greater awareness of the health and economic benefits of family planning. One of the very effective elements in promoting this awareness is the development by UNFPA of a socially-responsible radio soap opera called "Twende Na Wakati" ("Let's Go with the Times") that has become one of the most listened to programmes in the country. Surveys have shown that its subject matter is much discussed among all social groups. During the previous programme, the Fund also helped the Government to formulate several important policy documents, including the National Population Policy, and a Parliamentary Group on Population and Development is being formed. Other achievements include completion of the 1988 census, training of reproductive health implementors and managers, improvement of the family planning logistics management system, and improved family planning accessibility.

11. There were, and continue to be, numerous constraints on the success of population programmes in the United Republic of Tanzania. These include inadequate use of national expertise, drastic changes in the country's economic and political systems, over-reliance on governmental institutions, and financial and human resource constraints. This latter constraint has been exacerbated by the fact that human resources development plans and research have been carried out in an ad hoc manner and without a clear focus. Other shortcomings include lack of self-reliance in the design and implementation of programmes and projects, and weak coordination of donor inputs. These constraints are illustrated by the failure to publish the results of the 1988 census in a timely fashion because of a number of problems: constant power interruptions caused by electricity rationing in the country; shortages of staff and office and storage space; and lack of funds for printing.

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Other external assistance

12. There was an interruption of external assistance to the United Republic of Tanzania in 1994 because of concerns about possible misuse of funds. This has been corrected by the Government, and the country is the recipient of development assistance from a number of multilateral and bilateral sources. In the area of reproductive health and population, the principal donors are the United States Agency for International Development (USAID), which has supported family planning and prevention of HIV/AIDS, including the provision of contraceptives; the German Gesellschaft für Technische Zusammenarbeit (GTZ), which worked to improve the primary health care system and has provided contraceptives; and the British Overseas Development Administration (ODA), which funds a family planning project in Mbeya region and provides contraceptives. Norway funded the construction of the Tanzanian Reproductive Health Centre (JAUTA). Canada and Denmark have done work in the area of IEC in support of reproductive health. The World Bank is the largest funder for improvements in the health system as a whole. Among other United Nations agencies, UNICEF and UNDP have programmes that impact on primary health care and HIV/AIDS prevention. UNHCR has, along with the African Medical and Research Foundation (AMREF), the Family Planning Association of Tanzania (UMATI) and UNFPA, instituted reproductive health and IEC programmes for refugees.

13. UNFPA has been the lead agency in raising the general level of awareness of population issues in the United Republic of Tanzania. It has also helped procure bulk quantities of contraceptives. UNFPA's neutrality and its catalytic role in developing population programmes with the Government, NGOs, and other donors have created considerable trust and confidence in its objectivity and competence in dealing with population issues. UNFPA-supported projects, often implemented in conjunction with various bilateral donors, have succeeded in creating a level of awareness and understanding of the role of population in socio-economic development. Donors have found it prudent to undertake regular consultations in the population sector under the "Technical Committee on Population and Health", of which UNFPA is a core member. Under this arrangement, duplication has been avoided, and each donor concentrates in an area where it has a comparative advantage. Under the reproductive health programme, all donors contribute to one national programme but with clear lines of responsibility.

Proposed programme

14. The central goal of the country's population policy is the reduction of the total fertility rate from 6.3 in 1988-1992 to 5.0 by the year 2000 and 3.5 by 2018. The policy also aims to reduce, by the year 2001, annual population growth to 2.5 per cent a year, reduce maternal mortality by 50 per cent, and infant mortality to 80 per 1,000 live births. It also aims to cut in half adolescent pregnancies and the rate of transmission of HIV by 2001. In helping to achieve these and the other goals of the National Population Policy, UNFPA's proposed programme will operate on two levels: one by

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directly helping to integrate reproductive health services into the country's primary health care system and the other by increasing the country's own national capacity in the areas of reproductive health and population through training, awareness creation and infrastructure development activities.

15. Reproductive health. The proposed programme will diversify the availability and accessibility of reproductive health services by ensuring that priority components of reproductive health care (family planning, Safe Motherhood, infertility, sexually transmitted diseases (STDs), including HIV/AIDS, adolescent and women's health) are incorporated in the package of essential health services at all 4,000-plus government primary health facilities. Community based distribution services will be expanded to 12 additional regions, and 905 health facilities not currently offering family planning services will be restructured to include such services. Approximately 30 new service delivery points will be created yearly by participating NGOs. The Fund will support renovation of 400 facilities and will also help with supplying equipment for emergency obstetric care and more complicated procedures at approximately 200 regional and district hospitals that serve as referral centres.

16. UNFPA will assist the Government to strengthen national training capacity in family and reproductive health through training 180 reproductive health trainers at the district level. The Fund will collaborate with Muhimbili University College of Health Science in training medical and paramedical personnel to serve as trainers. The pre-service training curriculum will be revised to incorporate reproductive health components. UNFPA will also contribute to training 2,500 traditional birth attendants and 2,500 community-based distribution agents by the end of the programme. Although UNFPA will provide less assistance under the current programme than it has in the past for the provision of contraceptives, the Fund will continue to do so in accordance with agreements reached between the Government and other donors.

17. To help address the large gap in the United Republic of Tanzania between knowledge and use of family planning, UNFPA will assist the Government in its efforts to publicize reproductive health, including family planning, services through, for example, the radio soap opera programme and flyers designed to instruct and motivate clinic personnel and staff. In addition, community based activities aimed at raising awareness on reproductive health issues and related service delivery will be implemented by district authorities and coordinated by the Family Planning Unit. With a view to promoting male involvement, UNFPA will work to expand the male-to-male programme in which male clients are recruited to promote reproductive health, including family planning, to other men and youth, taking into account the sociocultural context. Within the overall programme, STDs and HIV/AIDS prevention messages will be developed and integrated in all IEC and reproductive health activities.

18. Population and development strategies. The Fund will support institutional capacity building of the Bureau of Statistics in terms of improving the management of statistical offices, human

resource development and mobilization of existing national expertise. This will also include helping the Bureau to devise programmes for assessing the quality of statistical outputs and in standardizing concepts and definitions. UNFPA will also support the creation of methods and standards units in the national and regional statistical offices. There is considerable scope for increasing the efficacy and impact of activities designed to incorporate population variables into development planning by supporting the National Planning Commission to increase coordination and collaboration with other agencies. Two relatively innovative approaches to strengthening collaboration and cooperation are proposed. The first of these foresees issue- or theme-based workshops as a means to spur collaboration among population organizations and institutions. The second calls for an annual review of the national population programme to evaluate its ongoing effectiveness.

19. Specifically, the Fund, in collaboration with other donors, will support a national maternal mortality survey to obtain reliable statistics in this important area. The proposed programme will also help the Government prepare for the 1998 population census. This will include supporting activities that emphasize disaggregation of data by gender, sociocultural research, HIV/AIDS and adolescent fertility questions. These efforts should constitute an important contribution to helping the Government set up a comprehensive population database and a management information system (MIS). These activities are expected to be in large measure co-funded by other donors, and UNFPA will promote collaboration among these donors to achieve the best results.

20. Advocacy. In terms of capacity building, the Fund will support the Government's efforts to develop and deploy local expertise for advocacy in favour of population and reproductive health issues. This will mean helping the Government to spread advocacy programmes beyond urban areas to reach out to rural communities and their opinion leaders. These advocacy activities will address such issues as building support for the implementation of the National Population Policy and for improving the disadvantaged status of women, including educational inequalities, and the resistance to addressing adolescent reproductive health needs. Achieving meaningful results in these areas will entail building capacity for advocacy through partnerships with NGOs, community-based organizations, international donors and agencies; working through the Parliamentarians on Population and Development; and providing training to provide a critical mass of skilled population advocates.

Implementation, coordination and monitoring

21. The programme will be executed by the Government and national and international NGOs and will call upon other United Nations agencies and specialized agencies for their technical support. UNFPA execution will be concentrated in the area of procurement, especially for the reproductive health programme, where it has a comparative advantage. The Population Planning Unit of the National Planning Commission will be the implementing agency for the population policies and development strategies theme area as well as overseeing the implementation of the entire population programme in the country. The Ministry of Community Development, Women Affairs and Children

will play the leading role in advocacy activities. The proposed programme will also actively involve NGOs in this sector. The Ministry of Health will implement activities in the area of reproductive health, which represents the most important sector in terms of financial resources being provided. It will be extensively assisted by national and international NGOs, especially in urban areas and with adolescent and youth programmes, refugees and populations in difficult situations.

22. The Government has introduced several new measures in the social field, including decentralization and cost sharing. In support of these initiatives, the Fund will encourage the involvement of NGOs, grass-roots developmental and women's organizations as well as the private sector in implementing the programme, especially where they offer innovative methods to deal with hitherto difficult-to-reach groups such as youth and adolescents, males at the work place and the disabled. The programme will make use of the country's universities and other research institutions to undertake relevant operational research.

23. The National Planning Commission in the Office of the President has been entrusted with the responsibility for overall coordination of population activities in Tanzania. It should be noted, however, that the Government has exerted little or no coordination of external assistance. This situation is about to change as the Government has initiated the process of formulating a multisectoral action plan for the implementation of the population policy and is also looking at a coordinated approach to the implementation of various international interventions. The importance of effective coordination of population activities cannot be overstressed. At the operational level, the Government is establishing an inter-agency and inter-ministerial working committee, consisting of senior professionals in the population and development sector, and international donors will be invited to join the committee to keep abreast of developments. At the theme or issue level, multisectoral population implementation seminars will be convened on particular topics.

24. Mechanisms for periodic monitoring and evaluation will include annual reviews and half-yearly progress reports as well as independent evaluations. Managers of UNFPA-funded projects will be encouraged to participate in the tripartite review meetings of other projects in the programme. The programme management team, comprising all managers of UNFPA-funded activities and technical advisers, will meet once a year to review work plans, discuss progress and plan for the future. There will be an independent and integrated review of the population sector to highlight significant achievements and identify major constraints with an emphasis on problems of concern to two or more theme areas. The programme will be reviewed at the mid-point in 1999 in coordination with the UNDP and UNICEF programmes. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance to the United Republic of Tanzania as presented, in the amount of \$25 million over the

period 1997-2001, \$21 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$4 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



**Executive Board
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Development Programme
and of the
United Nations
Population Fund**

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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Nepal

Proposed UNFPA assistance: \$35 million, \$25 million from regular resources and \$10 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	19.0	6.0	25.0
Population & development strategies	2.5	2.5	5.0
Advocacy	3.5	1.5	5.0
<i>Total</i>	25.0	10.0	35.0

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INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	6.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	23.0	≥ 55
Access to basic health services (%) ³	10.0	≥ 60
Infant mortality rate (/1000) ⁴	99.0	≤ 50
Maternal mortality rate (/100,000) ⁵	830.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	43.9	≥ 75
Adult female literacy rate(%) ⁷	12.5	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	21,918	Annual population growth rate (%)	2.5
Population in year 2000 (000)	24,842	Urban	6.5
Sex ratio (/100 females)	104.0	Rural	1.8
Per cent urban	13.7	Crude birth rate (/1000)	36.4
Age distribution (%)		Crude death rate (/1000)	11.4
Ages 0-14	42.4	Net migration rate (/1000)	0.0
Youth (15-24)	19.5	Total fertility rate (woman)	4.95
Ages 60+	5.4	Life expectancy at birth (years)	
Percentage of women aged 15-49	46.8	Males	56.5
Median age (years)	18.6	Females	56.5
Population density (/sq. km.)	156	Both sexes	56.5
		GNP per capita (U.S. dollars, 1994)	200

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Nepal achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$35.0 million, of which \$25.0 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$10.0 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed five-year programme would be UNFPA's fourth cycle of assistance to Nepal.

2. The proposed programme has been designed to harmonize with the five-year country programme of the UNDP, which also starts in 1997. The proposed programme complements the Nepali Government's proposed ninth five-year National Development Plan (1997-2001) and has also been tailored to complement bilateral and non-governmental inputs to the national population programme.

3. The proposed fourth country programme was developed in collaboration with the Government of Nepal through extensive counterpart discussions with the line ministries responsible for population and development activities. The programme, which was finalized by the Government and UNFPA in August 1996, is based on the Government's population and development objectives as elaborated in the National Population Policy (1983), the New Health Policy (1991), and the National Report submitted to the 1994 International Conference on Population and Development (ICPD). It also takes into account the preliminary discussions to the ninth five-year development plan, including the policy statement of the roles of the newly created Ministries of Population and Environment, and of Women and Social Welfare and the findings and recommendations of the programme review and strategy development (PRSD) mission that visited Nepal in April-May 1996.

4. The programme's long-term objective is to facilitate Nepal's efforts to attain a balance between its population, its development goals and the environment. The immediate objectives include assisting Nepal to strengthen its ability to implement comprehensive population and reproductive health policies and programmes, focusing on the district and grass-roots levels, with the aim of achieving a reduction in fertility levels as well as maternal and infant mortality rates, and to develop and implement an appropriate package of reproductive health information and services at all levels. The programme would also aim to strengthen the process of population and development integration, including research and data management, and to strengthen advocacy efforts in support of reproductive health and women's education and empowerment and to increase awareness of, and help prevent, sexually transmitted diseases (STDs), including HIV/AIDS.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the

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International Conference on Population and Development, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Nepal, a predominantly hilly and mountainous country with limited means of modern transport and communication, is one of the least developed nations on earth. The country has a per capita income of about \$200 a year, and about 49 per cent of its population lives below the poverty line. Its economy has registered sluggish growth and its population has been growing rapidly, resulting in a minimal increase in per capita income (about 1 per cent a year). Although women are accorded equal rights with men under the Constitution of Nepal, significant gender gaps still exist. For example, while the nation's overall literacy rate has reached 40 per cent, the rate among women is only 25 per cent. Particularly in rural areas, where approximately 86 per cent of Nepalis live, women's access to literacy, property and economic resources is often limited. Given the existing annual population growth rate of 2.5 per cent, the population is likely to double by 2020. Against this backdrop, Nepal has been classified as a group "A" country under UNFPA's new approach for resource allocation.

Previous UNFPA assistance

7. UNFPA's collaboration with the Government of Nepal in the area of population and development dates to 1974. UNFPA's support during the last country programme was instrumental in strengthening population policy and research, initiating decentralized information, education and communication (IEC) activities, integrating population education into the school curriculum, ensuring increased availability and quality of reproductive health and family planning services through primary health care outreach programmes, developing and introducing an integrated health management information system, strengthening and expanding the training of health workers and volunteers, and expanding the national network of training facilities.

8. UNFPA's third country programme realized its quantifiable demographic and health goals and objectives. Partly as a result of UNFPA assistance, the country recorded some notable advances towards meeting its population and reproductive health goals. In 1995-1996, the rate of new family planning acceptors was the highest ever recorded in Nepal, and the preliminary results of the 1996 demographic and health survey suggest a significant reduction in the total fertility rate, from 5.3 to 4.6 children per woman during the preceding five years. Improvements in maternity service coverage have also been recorded.

9. The third country programme highlighted the critical importance of cooperating with the Government to develop nationwide and strategic approaches to attain objectives and targets outlined in the Government's eighth five-year plan. A nationwide approach (as opposed to one focusing on

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selected districts) ensures equitable distribution of financial and technical inputs and enables human resource development efforts (aimed at strengthening national capacity) to remain unaffected by staff transfers. Moreover, such a national approach makes the programme more sustainable: if external support for particular projects were to be phased out, the core activities would likely continue, using national resources. Decentralized technical support -- through the establishment of Government/UNFPA field offices in the main regions of the country -- has proven beneficial in that it has ensured regular monitoring and supervision of national strategies at the district level in collaboration with the regional health directorates.

10. Another lesson learned was the value of privatizing the distribution of reproductive health-related commodities. Supplies, which are distributed on a private contract basis once per year to district health stores throughout Nepal's difficult terrain, are now available at all service delivery points, and the number of new acceptors and continuing users is steadily increasing. To further increase acceptance of family planning, it is now realized that IEC efforts should focus on specific methods and on countering unfounded rumours about contraception. It is expected that the Government's recently adopted comprehensive reproductive health IEC strategy, which targets men and youth and addresses issues of gender equity and the empowerment of women, will also make IEC efforts more effective.

11. To increase women's involvement at the grass-roots level (a need suggested during the course of the second country programme), a network of female community health volunteers was established, and mothers' groups were organized as forums for discussion on issues related to empowerment and reproductive health. These grass-roots groups of women became a powerful force in reproductive health promotion. Their referrals helped to link the community with the health system. Unfortunately, the ratio of female community health volunteers to the total population is often insufficient to reach all women in the community. An opportunity has been identified to expand the skill and role of these female community health volunteers through the provision of refresher training, which will include distance training through radio broadcasts.

Other external assistance

12. In Nepal, support by the United States Agency for International Development (USAID) for health and population activities amounted to \$20 million for the period 1990-1995. The Finnish International Development Agency (FINNIDA) contributed (through UNFPA) to the national Norplant programme and the female community health volunteer programme in the amount of \$2.8 million. The World Bank has allocated \$26.7 million for five years for the construction of stores and health facilities as well as the required recurrent costs for mother and child health (MCH) worker and supervisory activities. The total amount allocated by WHO for the biennium 1994-1995 was \$7.9 million, primarily for efforts to strengthen the primary health care system. UNICEF's programme of cooperation totaled \$65 million for the years 1992-1996, and was broadly aimed at building a basis

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for the achievement of major education, health and nutrition goals by the end of decade. The German Government, through the Gesellschaft für Technische Zusammenarbeit (GTZ), is providing support for a comprehensive primary health care project in two districts. The British Overseas Development Administration (ODA) will be offering similar management support in five selected districts as well as support for Safe Motherhood activities in 10 districts. The German Kreditanstalt für Wiederaufbau has recently committed partial support for contraceptive commodities, to be made available for a period of four years beginning in 1997.

13. UNFPA financial and technical assistance has been carefully tailored to complement the activities of other external aid partners. For example, UNICEF, USAID and UNFPA/FINNIDA each share one-third of the external aid costs for the national female community health volunteer programme; UNICEF and UNFPA share the cost of basic training for maternal and child health workers; primary health care outreach strategy development and training is supported by UNFPA while the commodity support for condoms and pills is provided by USAID; and a consortium of partners, including UNFPA, UNICEF, WHO, USAID, GTZ and ODA, are supporting the national strategy to strengthen management capacity at all levels in the health sector. IEC and advocacy efforts are being undertaken by UNFPA in collaboration with the Nepali Government and USAID.

Proposed programme

14. The proposed fourth country programme aims to contribute to the attainment of the following government objectives: (a) reducing the total fertility rate to 4.0, and raising the life expectancy from 56 to 65 years by 2001; (b) raising the contraceptive prevalence rate to over 38 per cent by increasing the availability and accessibility of various methods of modern contraceptives; (c) reducing the maternal mortality rate from 830 to 400 deaths per 100,000 live births and the infant mortality rate from 99 to 50 deaths per 1,000 live births by 2001 as well as reducing maternal morbidity by 15 per cent from the current level, by expanding coverage and improving the quality of reproductive health services; (d) ensuring that population and development issues are integrated into all development programmes; (e) promoting greater equality for women and their empowerment through IEC and advocacy; and (f) addressing gender issues in all programme activities.

15. Reproductive health. UNFPA will work with concerned Ministry of Health divisions and centres to further expand and strengthen several critical national programmes, including training female community health workers and helping to train enough MCH workers to cover every primary health care facility. The Government's integrated national reproductive health strategy will be operationalized by strengthening the existing service delivery programme and adding the components necessary to ensure that an appropriate constellation of reproductive health information and services is available at each level of the primary health care system. All UNFPA activities in support of reproductive health will give particular emphasis to women, since they bear the maximum reproductive health burden and determine the health of the coming generation. Women's participation

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as health promoters, service providers and beneficiaries will continue to be supported through the female community health volunteers programme, mothers' groups, traditional birth attendants, and MCH workers. Furthermore, substantial emphasis will be placed on reproductive health management capacity, with specific activities aimed at decentralized planning, monitoring, supervision and performance review.

16. About 70 per cent of the country programme resources would be used for reproductive health activities to help the Government expand the scope, coverage and quality of reproductive health services; improve the knowledge and attitudes of both service providers and clients (men, women, adolescents and youth); address the unmet need for family planning services; improve the integrated planning, supervision and evaluation skills of service managers within the context of primary health care; improve monitoring systems; and enhance national capability in reproductive health training.

17. The proposed programme would help the Ministry of Education to incorporate family life education and gender issues into the curricula of school children, as well as adult literacy and formal and non-formal educational programmes. The proposed programme in the formal population education area will be implemented in close collaboration with the World Bank-funded secondary education project and the primary education development project supported by the Asian Development Bank.

18. Population and development strategies. The proposed programme would help the Government implement its population and development strategies, which aim to attain sustainable development through harmonious and integrated socio-economic and environmental development. UNFPA would support the efforts of the National Planning Commission and the Ministry of Population and Environment to develop a comprehensive integrated and multisectoral national population policy and would also aid in implementation, monitoring, and coordination by all relevant governmental agencies and NGOs. The Ministry of Population and Environment will assist other line ministries to ensure that population and development issues are integrated into their respective annual plans. UNFPA will also provide support through Tribhuvan University to the Central Department of Population Studies to further strengthen institutional development for undertaking research and training activities. For the 2001 census, UNFPA support will be limited to technical assistance, including questionnaire design, pretesting of questionnaires, printing of manuals, training, data processing equipment and some essential logistics support in terms of essential supplies.

19. Advocacy. UNFPA will assist the Government's advocacy activities that focus on reproductive health and on women's empowerment and equality. The advocacy strategy would utilize a multisectoral approach and would aim to sensitize political leaders as well as the public at large about population questions. Assistance would be given to the conceptualization, articulation and promotion of population messages to be disseminated through face-to-face and interpersonal communication, television and radio programmes, newspapers and seminars. Journalists, members of editorial boards and influential communicators would be sensitized on gender issues. Assistance

would be given to Radio Nepal, Nepal Television, the Information Department at the Ministry of Information and selected NGOs to develop messages concerning reproductive health, the empowerment of women and gender issues.

20. It is hoped that advocacy for girls' education, equal rights of women and adolescent health needs will lead to an environment where gender equity and equality are the norm. The programme would assist the Women's Ministry (which was set up in response to the ICPD and the Fourth World Conference on Women) in its efforts to institutionalize gender training within the government structure. For its part, UNFPA would seek to provide support for management training programmes for women and for women's micro-enterprises that are linked with reproductive health and family planning programmes.

Implementation, monitoring and coordination

21. The UNFPA country office would help the Government coordinate the activities of implementing and executing agencies and would monitor the implementation of the programme. At the governmental level, the coordination of population activities is the responsibility of the Ministry of Population and Environment. Financial coordination with international donors is done by the Foreign Aid Division of the Ministry of Finance. UNFPA has worked closely in the past with other donors and expects to continue this coordination and collaboration in the future.

22. Progress reports, annual tripartite review meetings and independent evaluation of programme components will be required for monitoring the programme's progress. Technical backstopping would be sought primarily from Nepali nationals. The UNFPA Country Support Team in Kathmandu, the United Nations Population Division, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Royal Tropical Institute (KIT) of the Netherlands, and the Association for Voluntary Surgical Contraception would provide substantive technical support as required. Programme monitoring would be the responsibility of the UNFPA country office and programme support staff in accordance with standard UNFPA guidelines. Special attention would be given to the identification of both quantitative and qualitative indicators that are sensitive to the Nepali context and capable of monitoring progress toward stated ICPD goals and objectives. Select qualitative indicators will be monitored through series of rapid appraisals as well as by proxy indicators such continuity of care. A mid-term review of the programme would be undertaken in 1998, and the programme will be administered by the UNFPA country office under the supervision of the UNFPA Representative.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Nepal as presented, in the amount of \$35 million over the period 1997-2001, \$25

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million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$10 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Morocco

Proposed UNFPA assistance: \$19 million, \$13 million from regular resources and \$6 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fifth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	8.0	4.5	12.5
Population & development strategies	3.0	1.0	4.0
Advocacy	2.0	.5	2.5
<i>Total</i>	13.0	6.0	19.0

MOROCCO

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	31.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	42.0	≥ 55
Access to basic health services (%) ³	70.0	≥ 60
Infant mortality rate (/1000) ⁴	68.0	≤ 50
Maternal mortality rate (/100,000) ⁵	330.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	43.3	≥ 75
Adult female literacy rate (%) ⁷	27.7	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	27,028	Annual population growth rate (%)	1.8
Population in year 2000 (000)	29,637	Urban	2.9
Sex ratio (/100 females)	100.2	Rural	0.8
Per cent urban	48.4	Crude birth rate (/1000)	25.5
Age distribution (%)		Crude death rate (/1000)	7.1
Ages 0-14	36.1	Net migration rate (/1000)	0.0
Youth (15-24)	21.2	Total fertility rate (woman)	3.10
Ages 60+	6.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	52.1	Males	63.9
Median age (years)	21.3	Females	67.5
Population density (/sq. km.)	61	Both sexes	65.7
		GNP per capita (U.S. dollars, 1994)	1,150

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the Kingdom of Morocco achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$19 million, of which \$13 million would be from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$6 million from multi-bilateral and/or regular resources, to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth cycle of assistance to Morocco.
2. The proposed programme was developed following a programme review and strategy development (PRSD) mission undertaken in July 1996, in close collaboration with the Government, non-governmental organizations (NGOs), United Nations system agencies and bilateral donors. It was developed in accordance with the country's Social Development Strategy for the 1990s and the Environmental Protection/Sustainable Development Strategy, the 1996-2000 Economic and Social Development Plan currently being prepared, the Social Priorities Programme and the Country Strategy Note, which provides the overall framework for cooperation between Morocco and the United Nations system during the period 1996-2000 period. The proposed programme cycle is harmonized with UNDP, UNICEF and World Food Programme (WFP) activities in Morocco. It would seek to strengthen the increasingly active coordination among all United Nations agencies and complement the work of other donors in the country.
3. The main purpose of the proposed programme is to assist the Government in attaining its population and development goals. The whole proposed programme focuses on bridging the gap between urban and rural development in terms of access to reproductive health, including family planning and sexual health, information and services and on achieving gender equality in social and economic development. It targets vulnerable groups in 10 disadvantaged provinces for a broad range of services designed to improve the status of women, reduce maternal and neonatal mortality, improve coverage and quality of care and expand maternal and child health and family planning (MCH/FP) services. The programme also seeks to strengthen national capacity for an integrated population policy and its coordinated implementation and for developing an integrated information system.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Designated as a category "B" country under UNFPA's new approach for resource allocation, Morocco is a middle-income country of contrasts and uneven development. Despite real progress in certain sectors, the high level of maternal mortality, female illiteracy, particularly in rural areas, and urban-rural disparities are comparable to those in low-income countries. The status of women is low in Morocco, and this must be addressed at all levels. The situation is accentuated in rural areas where poverty and negative traditional perceptions combine with limited access to basic services and education.

6. Maternal mortality is still very high (330 per 100,000 live births) and represents a major public health issue in Morocco. Intra-hospital mortality stands at 192 deaths per 100,000 births, clearly demonstrating the extent of service and management problems, in particular in emergency situations. This also reflects the low level of public sector expenditures (1 per cent of gross domestic product and 34 per cent of total health expenditures) and the limited performance of the public health system, especially at the basic health care level.

7. With regard to literacy and education in rural areas and among the female population, the situation is critical. In rural areas, nine out of ten women are illiterate. At the national level, illiteracy is much higher for women (72 per cent) than for men (42 per cent). School attendance for urban children aged 7 to 12 is 79 per cent for girls and 85 per cent for boys. In rural areas, the school attendance rate at the primary level is much lower and the male/female gap is wider: 26 per cent for girls and 55 per cent for boys.

8. The national fertility rate decreased from 5.5 children per woman in 1982 to 3.1 in 1994 due to an increase of female age at first marriage from 22.2 years to 25.8 years and contraceptive prevalence -- from 19 per cent in 1980 to more than 40 per cent in 1995. The fertility rate in rural areas is considerably higher than in urban areas. Only 31 per cent of women have deliveries assisted by qualified staff and only 45 per cent benefit from prenatal care. The percentage of assisted deliveries in rural areas stands at 19 per cent compared to 80 per cent in urban areas, and for prenatal care stands at 28 per cent compared to 79 per cent in urban areas. Neonatal, infant and under-five mortality are high, particularly in rural areas.

Previous UNFPA assistance

9. UNFPA has contributed to improving the demographic and health status of Morocco. It has played an important role in raising political commitment to population issues and to integrating population concerns into development planning and environmental management. During the fourth country programme, UNFPA's assistance to the reproductive health domain focused on improving quality and access to MCH/FP services with the objectives of reducing fertility and maternal and

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infant mortality, and increasing contraceptive prevalence, broadening the contraceptive method mix and improving women's utilization of related services. UNFPA supported a number of related governmental activities, including strengthening training activities for midwives and other service deliverers, reinforcing the national health information system and related information, education and communication (IEC) activities, and supporting the national HIV/AIDS programme. The fourth country programme also strengthened NGO efforts focused on youth, traditional communication activities and family planning. UNFPA contributed to the extension of family planning services to the rural sector in 10 disadvantaged provinces.

10. As a follow-up to the ICPD, and with UNFPA support, the Government adopted and began implementing a reproductive health approach in the programmes of the Directorate of Population of the Ministry of Public Health, assigning high priority to reproductive health care. The Government's Safe Motherhood strategy has focused mainly on preventive care through both pre-natal consultation and the monitoring of high risk cases. Due to the limited impact of this approach, however, the programme was recently re-oriented towards extending and upgrading the role of maternity hospitals for the provision and monitoring of maternity care. However, issues of inequity and inefficiency of the health system, insufficient coverage of the rural population, limited performance of the public health system and the centralization of management are pervasive and need to be addressed. Training methodologies require improvement. The health information system suffers from a multiplicity of forms to be filled out and the limited use of data at the peripheral level. Activities relating to the early detection of reproductive diseases need to be strengthened.

11. Activities that target men and adolescents are still weak and need to be strengthened. Adolescent reproductive health problems are not specifically addressed except by certain programmes of the Moroccan Family Planning Association and the Ministry of Youth and Sports. UNFPA has supported efforts to include reproductive health and gender issues in IEC programmes and to improve interpersonal relationships between service providers and clients. IEC activities require an implementation strategy adapted to the local environment. Due to high illiteracy rates, a broad range of information activities is necessary. One of the strengths of population education activities is the multiplicity of the actors involved in the dissemination of messages, particularly among disadvantaged, and often illiterate, groups. In most cases, these activities are part of the Government's regular activities and therefore their potential is considerable. The PRSD mission suggested an analysis of the most optimal way through which coordination can be enhanced without hindering the initiatives of the various actors involved in IEC activities.

12. The recent establishment of a Ministry of Population and the reactivation of the National Population Commission following the ICPD provide a real opportunity to develop an explicit population policy and effectively coordinate the national population programme whose elements are presently dispersed between different ministerial departments and NGOs. The Ministry of Population could also take a lead role in organizing the requisite national consultations for the definition and

progressive establishment of an integrated information system that would provide baseline data for the monitoring and evaluation of population and development objectives. UNFPA-supported research on post-ICPD themes such as the family, international migration and measuring women's real economic and social contribution provide a promising basis for launching a policy dialogue on these issues.

13. UNFPA has a comparative technical advantage in data collection and analysis, necessary for the inclusion of population objectives in the country's development plans. UNFPA assistance was instrumental in preparing the Centre for Demographic Research and Studies (CERED) to become an autonomous institution within the Ministry of Population and the technical secretariat of the National Population Commission. While CERED is now in a strategic position to facilitate the implementation of the country programme, its technical capacities are still limited. UNFPA would therefore continue strengthening its capacities. There has been little coordination among data producers, and dissemination methods and information support materials are not adapted or sufficiently decentralized. However, UNFPA and UNDP support for the establishment of a Sustainable Development Network by the Ministry of Environment has led to some promising guidelines for developing an integrated statistical information system. Support provided by UNFPA for the establishment of a marriage and divorce data collection system will provide continuous information for the process of revising women's legal status within the family.

14. During the fourth country programme, UNFPA supported advocacy through the Ministry of Foreign Affairs and Multilateral Cooperation's Women and Development Unit. This Unit successfully mobilized donor support for activities aimed at elevating the status of women and disseminating information on women's needs and realities. Direct support was also provided for related NGO advocacy activities. Lack of sufficient coordination between governmental and NGO programmes aimed at improving the status of women has led to an uneven distribution of efforts and the implementation of mostly traditional activities with little integration of women's concerns in key development programme fields. It is hoped that highlighting the obstacles to women's advancement will enable the development of systematic and integrated problem-solving strategies.

Other external assistance

15. The European Union gives support to education, basic health services reform, environmental protection and actions targeted towards youth and civil society. The United States Agency for International Development (USAID) has been the largest population donor, providing support to Morocco's family planning programme, and focusing on increasing rural girls' school enrolment. However, USAID plans to withdraw from Morocco by the year 2000. The family planning programme is confronted with the need to develop an adequate funding strategy in the light of USAID's expected withdrawal. The World Bank has provided support for the elaboration of the Government's social priorities programme to address rural/urban disparities. The first phase of that

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programme envisages the development of an infrastructure for basic education and literacy and for primary health care services. The World Bank's programme targets 13 provinces that are the most disadvantaged in terms of access to basic health and education services. These 13 provinces constitute a rallying point for the interventions of a number of United Nations agencies, including UNFPA, over the next five years. UNFPA assistance will be complementing the development of infrastructure to be funded by the World Bank.

16. UNFPA is poised to become the main external actor in the population field in Morocco, providing both technical and financial assistance for the integration of population concerns in broader sustainable development programmes, as well as extending support to the Government for the coordination of external population assistance. The fifth country programme is being harmonized with the planned UNDP support to rural, urban and peri-urban areas of seven of the 13 targeted provinces. UNFPA's programme will also be coordinated with the UNICEF programme designed to address the needs of seven of these provinces through support for programmes aimed at ensuring equal access to health services; developing pure water sources; and promoting the survival and protection of disadvantaged women and children. The WFP programme will focus on promoting rural girls' school enrolment by distributing in-kind subsidies to parents in all 13 provinces.

Proposed programme

17. Within the context of the Government's commitment to implement poverty alleviation programmes in 13 targeted provinces, the programme focuses on bridging the gap between urban and rural development in 10 priority provinces in terms of expanding access to comprehensive reproductive health information and services and achieving gender equality in social and economic development. The programme will also strengthen national capacity for carrying out an integrated population policy and for developing an integrated information system. UNFPA's support in these areas will further strengthen Morocco's key role in South-South cooperation in the population and development field.

18. Reproductive health. UNFPA's interventions will concentrate at the policy and service delivery levels with a view to reducing maternal and neonatal mortality. Approximately two thirds of the resources will be allocated to reproductive health activities, of which 70 per cent is earmarked for direct interventions in 10 targeted provinces. In the area of maternal health, support will be provided to increase prenatal care and to prevent and manage delivery- and pregnancy-related complications. This includes strengthening essential obstetric care and referral services; training service providers in technical skills and supervision; and providing equipment and essential drugs. Support will also focus on improving follow-up and evaluation in order to expand the coverage and quality of reproductive health services and make them more responsive to clients' needs. In response to lessons learned about vertical programme implementation, programme decentralization at the provincial level will be effected through the identification and analysis of problems faced by service

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providers and by using a teamwork approach to address issues of maternal mortality and morbidity.

19. In the field of IEC in support of reproductive health, UNFPA would continue to support efforts targeted at reproductive health service providers and their clients, including men and adolescents and community leaders of especially underserved and hard-to-reach rural populations. IEC activities will focus on training population professionals in interpersonal communication skills. Support will be given to the promotion of community mobilization for the establishment of local emergency evacuation in case complications arise during labour.

20. At the national level, support in the area of reproductive health will focus on developing integrated approaches in maternal health and family planning, prevention and management of reproductive tract infections, including sexually transmitted diseases (STDs), and HIV prevention in cooperation with USAID, the World Bank, the European Union, UNAIDS and UNICEF. Specific and limited support would be given to the procurement of contraceptives and to resource mobilization to cover the rising cost of contraceptives. Support would also be provided to governmental resource mobilization activities from other multi-bilateral and bilateral donors for the implementation of the national population programme through the organization of a donors' round table on the basis of specific proposals.

21. More emphasis will be placed on adolescent reproductive health through the strengthening of population education programmes focusing on reproductive health well-being, gender roles and equality and life skills. Support would be continued for the Women and Development Unit for activities aimed at mobilizing government, NGO and donor support for the promotion of women and the strengthening of the capabilities of women's NGOs.

22. Population and development strategies. The fifth country programme will support the development of an explicit and integrated population policy and its effective integration in the national socio-economic development strategy, particularly the national poverty alleviation strategy, through support for the reactivation of the national and provincial population commissions, the development of an integrated information system and national-level research on such emerging needs in Morocco as international migration, the legal status of women, and the development of the multidisciplinary approach, including gender analysis, as well as provincial level research on interlinkages between population and the environment, internal migration and obstacles to women's empowerment.

23. Advocacy. Support will be provided to the Government in its advocacy efforts to promote awareness of adolescent problems, reproductive health issues and rights, the importance of schooling, particularly for girls, and environmental protection issues. Such efforts will include partnerships with television, radio and press journalists who would benefit from specific training. UNFPA would

focus on gender issues, in collaboration with other donors, within the context of the Government's social priorities programme. Support will be given to sociocultural research with the overall aim of encouraging positive attitudes about reproductive health issues and fostering behavioural change.

Implementation, monitoring and evaluation

24. Under the proposed programme, UNFPA would strengthen its efforts to optimize programme efficiency through the coordination of activities with other United Nations agencies and the World Bank and the carrying out of joint and/or complementary activities within the context of the Resident Coordinator System, particularly in targeted provinces. At the policy level, collaboration and coordination would be geared towards the integration of population concerns in the formulation, implementation and monitoring of the national poverty alleviation programme, the promotion of rural schooling for girls, the promotion of women and the protection of the environment.

25. The programme will promote synergy between different interventions. This strategy would be promoted by overall programme management by the Ministry of Foreign Affairs and Multilateral Cooperation and its technical coordination by the Ministry of Population through the reactivation of the National and Local Population Commissions, with CERED serving as the secretariat.

26. On the basis of the experience gained during the fourth cycle, during which the majority of the programme activities were successfully executed by national counterparts and during which it is estimated that all of the allocated programme funds will have been expended, national execution would be the preferred execution modality of the proposed fifth programme. National capabilities, including NGOs and the private sector, would be increasingly utilized for programme implementation. In the long term, this strategy enhances programme sustainability and increases the likelihood of success.

27. The implementing agencies would be responsible for the internal monitoring of their respective programme activities, by using the standard UNFPA monitoring and evaluation instruments. To assess overall programme progress, a mid-term review of the programme would be conducted in 1999 jointly with UNDP and UNICEF.

28. Programme management, monitoring and evaluation would be strengthened by: (a) recruiting national programme and project support personnel to assist in the execution and monitoring of activities funded by UNFPA; (b) fielding technical backstopping missions by UNFPA Country Support Teams (CSTs) and recruiting national and international consultants to provide technical assistance as needed; and (c) training national project staff, both government and NGO, on UNFPA's substantive, administrative and financial procedures. Programme performance would be evaluated using the baseline data by which the 13 priority provinces were identified along with results of other national population-related surveys, the routine statistics system, which would be improved under the

proposed programme, and an integrated information system that would be developed in the fifth country programme.

Recommendation

29. The Executive Director recommends that the Executive Board approve the programme of assistance to Morocco, as presented above, in the amount of \$19 million over the period of 1997-2001, of which \$13 million would be programmed from its regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$6 million from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Djibouti

Proposed UNFPA assistance: \$3 million, \$2 million from regular resources and \$1 million from multi-bilateral and/or regular resources

Programme period: Four years (1997-2000)

Cycle of assistance: First

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.0	-	1.0
Population & development strategies	.8	1.0	1.8
Advocacy	.2	-	.2
Total	2.0	1.0	3.0

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DJIIBOUTI

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	39.6	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	22.0	≥ 55
Access to basic health services (%) ³	37.0	≥ 60
Infant mortality rate (/1000) ⁴	115.0	≤ 50
Maternal mortality rate (/100,000) ⁵	842.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	30.4	≥ 75
Adult female literacy rate (%) ⁷	29.5	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	577,000	Annual population growth rate (%)	2.2
Population in year 2000 (000)	645,000	Urban	2.6
Sex ratio (/100 females)	97.8	Rural	0.5
Per cent urban	82.9	Crude birth rate (/1000)	37.0
Age distribution (%)		Crude death rate (/1000)	14.8
Ages 0-14	41.8	Net migration rate (/1000)	0.0
Youth (15-24)	19.7	Total fertility rate (woman)	5.39
Ages 60+	5.1	Life expectancy at birth (years)	
Percentage of women aged 15-49	47.2	Males	48.7
Median age (years)	18.9	Females	52.0
Population density (/sq. km.)	25	Both sexes	50.3
		GNP per capita (U.S. dollars, 1994)	780

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Djibouti achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$3 million dollars, of which \$2 million would be committed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1 million dollars either from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's first country programme in Djibouti.
2. The proposed programme would support the Government's new commitment to population and development issues and would be based on the National Policy Framework for Economic and Social Development for the Decade 1990-2000. The programme was developed in accordance with the findings and recommendations of the programme review and strategy development (PRSD) mission undertaken in April 1996. It has been designed to complement, and is harmonized with, the programmes of UNDP and UNICEF, as well as other donors in the country.
3. The programme aims to strengthen the technical and managerial capacities of national institutions to implement population programmes, with a major focus on reproductive health, including family planning and sexual health, and on population and development strategies. It would work with the Government to expand access to and improve the quality of reproductive health services, particularly in helping to reduce maternal mortality; establish a reliable demographic information system; raise the social and legal status of women and eliminate harmful traditional practices; and create a broad national commitment to population and development issues. In light of its level of achievement in reaching the goals of the International Conference on Population and Development (ICPD), Djibouti has been included in Category "A" under UNFPA's new approach for resource allocation.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Djibouti's population was estimated at 520,000 in 1993, up from 319,000 in 1983, representing an average annual increase of 6.1 per cent. A large part of this increase was the result of influxes of displaced persons and refugees fleeing on-going unrest in neighbouring Somalia and Ethiopia. At the present time, the Government estimates that the population is growing at the rate of 3 per cent a year and that the total population has reached 650,000, both of which are significantly higher than United Nations estimates. Clarification of the true demographic situation depends on

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carrying out a national census, which UNFPA would support under the proposed programme. The considerable challenge of demographic growth is particularly aggravated by the fact that the population of Djibouti is predominantly urban and young. Poverty, high population density, unemployment, and crowded family living conditions characterize most of the capital city.

6. Djibouti still remains far from reaching ICPD goals with respect to health and education; it has met none of the threshold levels of the indicators related to ICPD goals endorsed in Executive Board decision 96/15. Access to basic health services is, however, improving as the country moves away from a curative to a preventative public health care approach. But the health care network still exhibits inconsistent quality and unequal distribution of services. The maternal mortality rate (840 per 100,000 live births) remains very high, due to very limited pre- and post-natal care, unsafe delivery, and lack of access to family planning services. The impact of unsafe abortion and female genital mutilation on morbidity and mortality appears to be particularly significant, although no statistics are available. The contraceptive prevalence rate is estimated to be very low, due in part to the lack of family planning information and services. Only four family planning centres, established with UNFPA assistance, are functional in Djibouti, all in Djibouti City. The reproductive health situation of refugees in the country is also an important challenge with the maternal mortality rate in the refugee camps estimated in 1994 to be 670 per 100,000 live births.

7. Despite positive gains made by women and girls in Djibouti since Independence, the female illiteracy rate remains very high, at 72.4 per cent, reaching 94 per cent in rural areas. In addition, the lives of women and girls continue to be marked by traditional practices, particularly the widespread practice of female genital mutilation (estimated by WHO at 90 per cent). Several laws have been passed to protect women's rights within the family, and a new penal code containing severe penalties protects women against household violence, rape and female genital mutilation. Since the laws have, as yet, been rarely applied, efforts need to be made to sensitize women and men to the existence of these laws and their enforcement.

8. The National Policy Framework for Economic and Social Development for the Decade 1990-2000 outlines the development objectives of Djibouti and serves as a framework for the establishment of development programmes and projects. Although the country has no population policy and the National Policy Framework does not address the relationship between the demographic situation and socio-economic development, the Framework does contain specific policies and objectives in the areas of education, health and the promotion of women. In addition, a National Family Balance Policy was approved in 1996 for integration into the National Health Policy. The policy calls for universal access to reproductive health information and services.

Previous UNFPA assistance

9. UNFPA has been cooperating with the Government of Djibouti in the field of population and development on a project-by-project basis since 1983. In 1995, the Government requested UNFPA assistance for the formulation of a comprehensive population programme. Based on this request, a PRSD mission was organized in March/April 1996 to review previous UNFPA-supported activities, identify the country's population and development needs, and formulate appropriate strategies.

10. The most notable achievement of UNFPA assistance in Djibouti involved a pilot project in the reproductive health area that began in 1992; it strengthened the Government's maternal and child health programme and introduced family planning under the concept of "family balance". The project -- executed by WHO with periodic technical assistance from the UNFPA Country Support Team in Amman, Jordan -- helped establish the country's first four family planning centres, which are now fully functioning, offering a wide range of family planning services, and run by trained mid-wives. The project was also instrumental in assisting the Government to formulate and approve the National Family Balance Policy in 1996.

11. UNFPA support enabled the Government to undertake the census in 1983 as well as a demographic survey in 1991. However, due to the recent civil war which ended in 1994, the country now suffers from an acute lack of reliable and up-to-date demographic, socio-economic and health data, rendering the task of estimating different socio-demographic indicators virtually impossible. The PRSD mission recommended that UNFPA focus on data collection as a first step in the development of a database on population, necessary for the formulation of a population policy and for all development planning. This database would also serve for monitoring the implementation of the ICPD Programme of Action.

12. Although relatively limited, UNFPA assistance also succeeded in raising awareness on population, reproductive health and gender issues through support to the Government for its various advocacy activities. A pilot activity was launched with the Ministry of Education to integrate family health issues in a radio programme entitled "Youth for Youth", which received a positive response from young people. However, lack of knowledge about population and reproductive health issues persists, and there is a need to sensitize all levels of society on the importance of these issues, particularly to promote the education of girls, women's literacy, male involvement in reproductive health and the abolition of such harmful traditional policies as female genital mutilation.

Other external assistance

13. Djibouti relies heavily on international assistance to support the country's economic and social development programmes. In the field of health, the French Government provides equipment and fellowships for specific medical specializations, particularly in the fight against tuberculosis, as well

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as support for women's literacy programmes. Several multilateral agencies, especially UNDP, UNICEF, WHO and UNHCR, support population and health programmes in Djibouti. UNFPA is currently the largest donor in the population sector, and the activities that would be carried out under the proposed programme are ones that are not being supported by any other external assistance agency. Several international NGOs are involved in the areas of preventative health, safe water and improved sanitation. The International Planned Parenthood Federation (IPPF) provides core support to its affiliate, the Djibouti Association for the Protection and Equilibrium of the Family (ADEPF).

Proposed programme

14. The main purpose of the proposed programme is to strengthen the institutional capacity for population programme implementation, to expand access to and improve the quality of reproductive health services, to help establish a reliable demographic information system, to raise the social and legal status of women, and to create awareness and commitment throughout Djiboutian society of the importance of population and development issues.

15. UNFPA would maximize the impact of its programme through the effective use of available resources and close coordination with UNDP, UNICEF and other donors whose programmes are complementary. UNFPA would also promote innovative and participatory approaches, especially in light of the Government's fiscal constraints. Major breakthroughs in improved quality of life will have to rely heavily on community participation and social mobilization. South-South cooperation between Djibouti and other countries in the region would also be promoted as a means of transferring knowledge and increasing the understanding of population and reproductive health issues in Djibouti.

16. Reproductive health. In order to assist the Government in achieving its goals in reproductive health and in reducing maternal mortality, UNFPA would focus its assistance on increasing access to and improving reproductive health information and services, particularly family planning services; improving the quality of those services; and developing appropriate information, education and communication (IEC) strategies.

17. UNFPA would provide technical and financial assistance to expand infrastructure and upgrade the capabilities of the Maternal and Child Health Unit of the Ministry of Health to design, implement, coordinate, monitor and evaluate reproductive health programmes in Djibouti City and in the four other districts of the country. Within the context of the country's specific needs, UNFPA would place emphasis on establishing family planning information and services, but at the same time would promote and support the integration of other components of reproductive health services. At the end of the programme it would be expected that family planning services would have been integrated into 75 per cent of primary health care services run by the Ministries of Public Health, Labour and Defense, and into all maternity clinics. In light of the high level of maternal mortality due to shortcomings at the primary health care level in addressing pregnancy-related complications, UNFPA

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would support specific interventions to expand basic maternal care and strengthen referral to the secondary and tertiary levels. The reproductive health needs of refugees would be addressed through the integration of reproductive health services into the primary health services provided by the Asian Association of Medical Doctors, in collaboration with UNHCR and the Japanese Government, in the Ali Adde refugee camp.

18. UNFPA assistance would contribute to quality of care, and by the end of the programme all health care personnel working in upgraded facilities will have received training in integrated reproductive health care, including interpersonal communication skills. UNFPA assistance would focus on the development of appropriate IEC strategies to generate understanding of the benefits of family planning methods and encourage demand for quality reproductive health services. In addition, it would help develop responsible attitudes in youth towards sexuality and parenthood, motivate women to end the practice of female genital mutilation and motivate men to share in reproductive decision-making and take responsibility in reproductive health.

19. Population and development strategies. The major strategic goals of the Government are to formulate a population policy and to integrate demographic and population variables in all of its development planning. However, given the dearth of socio-economic and demographic data, the first priority for the Government, and for UNFPA assistance, is to establish a reliable national data system. On an exceptional basis, 40 per cent of UNFPA's regular resources would be devoted to this critical planning area. The assistance, therefore, would focus specifically on supporting the Central Census Bureau in conducting the 1998 population and housing census. A master sample frame for use in subsequent surveys could then be developed, which would be the first step in developing a database and indicators to formulate and monitor population and development policies and programmes.

20. By the end of the programme, it is expected that the Census Bureau will possess the institutional and technical capabilities to plan and design a census, to process data, and to evaluate, analyse, disseminate and utilize results. The data from the census will have been collected, tabulated and analysed by gender to provide the basis for the formulation and monitoring of specific policies related to women's needs.

21. Advocacy. UNFPA would work with the government population programme to create awareness and commitment at all levels of society -- policy makers, senior planners, religious leaders, primary and secondary school students, and community groups -- on the importance of population and development, reproductive health, and gender issues. This would be achieved through the organization of workshops, seminars and study tours, and short-duration courses. Support would be given to special advocacy activities aiming to eliminate female genital mutilation and to promote girls education and women's literacy -- including legal understanding of laws that protect them. By the end of the programme it is expected that these efforts would help to create a broad national commitment to population and development issues.

Programme implementation and monitoring

22. The proposed programme would be implemented by the concerned national institutions, who would be assisted in the execution of activities by United Nations system agencies and/or technical assistance from the Country Support Team in Amman, Jordan. Reproductive health activities would be implemented by the Ministry of Public Health and Social Affairs, the Ministries of Labour and Defense, as well as national NGOs. The Ministry of Education would work to integrate population education into the primary and secondary school curricula. The Central Census Bureau in the Ministry of Interior and Decentralization would carry out the population and housing census. Advocacy activities would be implemented by the Ministries of Justice and national NGOs.

23. The implementing agencies would be responsible for the internal monitoring of their respective programme activities. To assess overall programme progress, a mid-term review would be conducted at the end of 1998. In addition, programme performance indicators would be developed based on data collected during the census and the regionally-supported PAPCHILD survey. UNFPA would strengthen programme management, monitoring and evaluation through recruitment of programme project staff and consultants and training of national project staff.

24. Programme coordination. The Ministry of Foreign Affairs and International Cooperation is responsible for the coordination of population and development programmes with the Ministry of Finance and National Economy. UNFPA would work closely with the various government ministries, as well as with national NGOs in programme formulation, coordination, and management. Given the need for external resources, particularly for undertaking the 1998 census, UNFPA would work with the Government in mobilizing outside resources.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme for the Government of Djibouti as presented, in the amount of \$3 million over the period 1997- 2000, of which \$2 million would be programmed from UNFPA's regular resources, subject to their availability. The balance of \$1 million would be sought from either multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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and of the
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Population Fund**

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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Kenya

Proposed UNFPA assistance: \$20 million, \$16.5 million from regular resources and \$3.5 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fifth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	11.5	1.5	13.0
Population & development strategies	4.5	1.5	6.0
Advocacy	0.5	0.5	1.0
Total	16.5	3.5	20.0

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KENYA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	54.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	33.0	≥ 55
Access to basic health services (%) ³	77.0	≥ 60
Infant mortality rate (/1000) ⁴	69.0	≤ 50
Maternal mortality rate (/100,000) ⁵	170.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	85.8	≥ 75
Adult female literacy rate (%) ⁷	65.2	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	28,261	Annual population growth rate (%)	2.8
Population in year 2000 (000)	32,577	Urban	5.6
Sex ratio (/100 females)	100.3	Rural	1.7
Per cent urban	27.7	Crude birth rate (/1000)	42.8
Age distribution (%)		Crude death rate (/1000)	11.8
Ages 0-14	47.7	Net migration rate (/1000)	-2.6
Youth (15-24)	20.7	Total fertility rate (woman)	5.76
Ages 60+	4.4	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.3	Males	53.0
Median age (years)	16.0	Females	55.4
Population density (/sq. km.)	49	Both sexes	54.2
		GNP per capita (U.S. dollars, 1994)	260

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP.

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of Kenya in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$20 million, \$16.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$3.5 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth cycle of assistance to Kenya.
2. The proposed programme has been developed in close collaboration with the Government and other national and international partners. The programme takes into account many national policy and strategy documents, particularly the 1996 National Population Policy for Sustainable Development, the National Reproductive Health Strategy, the Advocacy/Information, Education and Communication (IEC) Strategy, and the 1994 Country Strategy Note agreed upon by the United Nations and the Government of Kenya. UNFPA's fifth country programme is based on proposals from the sectoral workshops conducted by the Government of Kenya and UNFPA and the programme review and strategy development (PRSD) process that was carried out in 1996. It is harmonized with the country's Eighth National Development Plan period.
3. Kenya has experienced a dramatic demographic transition -- one of the few in sub-Saharan Africa. This indicates the success of its national population programme, to which UNFPA has been contributing since 1974. To ensure continuation of this demographic transition and the effective implementation of desired policies and strategies, the proposed programme would build on lessons learned from the support to date. Kenya is defined by UNFPA as a category "A" country under the new approach for resource allocation. The programme would adopt a holistic approach, addressing priority needs in the three UNFPA core programme areas -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy. It would also continue to complement and assist in coordination of external assistance in the population sector, which UNFPA's neutrality and relatively long history of successful work in Kenya give it a unique advantage to do.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Kenya's demographic transition began in the early 1980s. The total fertility rate fell from an estimated 8.0 children per woman in 1979 to less than 6.0 children per woman in 1995; it is projected to be at 4.0 children per woman by the year 2000. Mortality has also been on the decline. The infant

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mortality rate almost halved in 30 years -- from 120 per 1,000 live births in 1963 to 69 per 1,000 in 1992. The maternal mortality rate -- for which the national estimate of 365 per 100,000 live births is considerably higher than the UNICEF estimate (on the data sheet on page 2 of this report) -- is undesirably high. Life expectancy increased from 44 years in 1963 to about 60 years in 1989. However, it is estimated that it declined to 58 years in the period 1990-1995 and is continuing to decline due to the impact on adult mortality of HIV/AIDS. The prevalence of HIV infection among adults aged 15 years and over is projected to be 10 per cent by the year 2000, and cumulative deaths from AIDS are expected to be over 1 million. Thus with increasing mortality rates and continuing declines in fertility rates, the pace of the decline in the population growth rate may even accelerate. The growth rate is projected to decline to 2.5 per cent a year by the year 2000.

6. The infant mortality rate and the maternal mortality rate are both above the threshold levels established for allocating UNFPA resources. These and the other indices related to ICPD goals that have not been met reflect the high levels of poverty in the country. This has been exacerbated by the structural adjustment programmes introduced in the mid-1980s, which instituted cost-sharing for some health and education services. The thresholds concerning female education have been met, but a decline may be observed in the future since, following the introduction of cost-sharing in schools, some communities have given education for girls second priority in comparison with that for boys.

7. Kenya is in many ways a paradox. It was the first sub-Saharan country to adopt a national family planning programme. The demographic transition indicates the widespread use of family planning methods: the contraceptive prevalence rate (CPR) doubled from 17 per cent in 1978 to 33 per cent for all methods in 1993. On the other hand, a minority of religious and other leaders oppose family life education in schools and providing access to services (including information and counselling) to adolescents and youth. The sexual and reproductive health and rights of women are compromised by traditions of marrying girls at an early age and the practice of female genital mutilation. Adolescents -- about 25 per cent of the population -- experience high rates of HIV/AIDS (higher among teenage girls than boys) and of unplanned pregnancies. An estimated 10 per cent of female student drop-outs is accounted for by unplanned pregnancy, and 40 per cent of all documented schoolgirl pregnancies terminate in abortion. Unsafe abortions are responsible for one-third of maternal deaths in Kenya. While preventive health services, including family planning services and the provision of contraceptives, are free of charge in government health centres, curative services are cost-shared. Only half of the 3,500 governmental and non-governmental health facilities offer maternal and child health and family planning (MCH/FP) services, with varied accessibility. Despite continuing efforts to involve men in family planning decisions, their participation remains negligible.

8. There is political goodwill and commitment to the population programme at all levels. The Government has long been concerned about the country's rapid population growth as an obstacle to development. The Government provides 68 per cent of family planning services nationally, and its goal is to make all health services more effective, accessible and affordable. In 1982, the Government

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established the National Council for Population and Development (NCPD) to design population policies and strategies and to coordinate all population-related activities. In 1996, the NCPD formulated a national population policy that incorporated ICPD objectives. Much of development planning is decentralized to the district level, and incorporation of demographic data into development planning is reflected in national and district development plans, yet active integration at the district level is yet to be realized. The Government plans to strengthen collaboration with NGOs, the private sector and the communities themselves in implementing the country's population policy.

Previous UNFPA assistance

9 UNFPA's first programme of assistance began in 1974. Focus in the first two cycles was on service delivery and in the third on IEC in response to national needs to raise awareness of population-related issues and hence to increase demand for family planning services. The fourth programme (1992-1996) continued with IEC activities and also supported policy formulation, data analysis and research. Following the mid-term review in January 1994, the focus of implementation shifted to priority areas in the MCH/FP sector. With the advent of the ICPD halfway through the fourth country programme, overall concepts changed and a National Population Policy for Sustainable Development, a National Reproductive Health Strategy and a National Advocacy/IEC Strategy were formulated in 1996. These documents incorporated the more holistic ICPD approach to population and development. They now need to be implemented. UNFPA was the sole donor to the process of formulation of these documents, and its neutrality as a United Nations agency as well as its technical capacity provided considerable advantages in helping the Government articulate these strategies.

10 The need for flexibility and relative speed in responding to newly-identified needs (related to changing priorities following the ICPD, greater-than-anticipated uptake of family planning services, donor commitments not materializing or their programmes of support being reduced) became apparent in the fourth country programme. It is important that flexibility be retained across all sectors in the proposed programme, while at the same time aspects of sustainability and allocation of more national resources be addressed by the Government. Quality of care has been addressed through training and by better identifying underserved populations through a geographical information system (GIS). High programme implementation and cost-effective impact has been possible through active programme management; national execution (18 of the 20 projects followed this mode of execution and developed a sense of ownership and accountability); and use of national technical expertise.

11 Adolescents were not successfully reached through family life education in the formal school curricula because the opposition of a minority of vocal religious leaders impeded implementation of the proposed activities. Reproductive health and IEC activities through the informal sector have proven much more successful. The fourth country programme reached many underserved populations and specific target groups -- in marginal areas around Nairobi, in rural areas, adolescents,

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males (particularly those in rural areas) -- through the provision of static and outreach services. Successful or promising approaches -- for example, rural males were reached through an innovative approach involving condom dispensers and trained public health technicians -- need further developing in the new programme. Further research into aspects of behavioural change is also needed.

Other external assistance

12. The United Nations community in Kenya is the largest in Africa with 24 United Nations agencies and nearly all the bilateral assistance programmes being represented. The major donor agencies currently involved with UNFPA in population-related activities in Kenya are the World Bank, United States Agency for International Development (USAID), the European Union, the British Overseas Development Administration (ODA), Swedish International Development Cooperation Authority (Sida), Finnish International Development Authority (FINNIDA), the German Gesellschaft für Technische Zusammenarbeit (GTZ), Belgium, the Japanese International Cooperation Agency (JICA), UNICEF and WHO. Donor agencies focus on different aspects of population activities, and some have encountered obstacles. For example, the World Bank and the Government have not yet finalized an agreement on condom procurement. USAID, one of the main supporters of population activities through training service providers, streamlining distribution of family planning commodities, reducing the spread of sexually transmitted diseases (STDs), including HIV/AIDS, and supporting operational research, has had its programme approximately halved since 1995. Sida had focused on provision of oral contraceptives for the last 12 years, but in 1996 it could no longer procure these supplies as anticipated. UNICEF focuses on the improvement of child health and the reproductive health needs for youth, but its programme has been disrupted by internal problems.

13. Coordination of donor inputs is thus a challenging task. UNFPA has chaired the Population Donors Group meetings and in other ways has taken the lead, wherever appropriate and feasible. Donor collaboration has worked best at the project level, or where there have been specific issues to address, such as AIDS, logistics or marginal areas of cities. Use of condoms has increased by 500 per cent in the last five years largely due to the HIV/AIDS pandemic, resulting in an over-stretching of the resources of donors in the population field. Coordination among United Nations agencies with respect to UNAIDS and to implementation of the 1994 Country Strategy Note -- taking note of the 1996 United Nations Special Initiative on Africa -- is needed. The national population programme is heavily donor-funded, and sustainability -- particularly with respect to procurement of contraceptives and other commodities -- has to be addressed.

Proposed programme

14. The long-term objectives of the proposed programme will be to support the implementation of selected aspects of the Government's 1996 National Population Policy for Sustainable Development, which takes full account of the ICPD Programme of Action in developing qualitative goals as well as in giving quantitative demographic, health and social service targets. Some of the key quantifiable national targets, set to guide the implementation of the Population Policy to the year 2010, and taking into account the expected impact of HIV/AIDS, include reducing the infant mortality rate to 59 per 1,000 live births and the maternal mortality rate to 170 per 100,000 live births. The goal would be to achieve a contraceptive prevalence rate of 62 per cent for all methods, resulting in a total fertility rate of 2.5 children per woman and an annual population increase of 2.0 per cent. The Government's goals also include ensuring that 90 per cent of all births are attended by trained professionals by 2010, up from approximately 50 per cent today.

15. The proposed programme will build on and replicate successful activities from the fourth country programme and from other donors, address identified priority needs and (recognizing the experience of the previous programme) respond flexibly to emerging needs. It will focus on identified target groups, with particular emphasis on adolescents and youth, men and underserved populations. All programme activities will incorporate gender-related issues and address the issue of HIV/AIDS. UNFPA's support for the 1996 Population Policy will include capacity-building; helping to ensure a continuous and adequate supply of contraceptives and good logistics management of reproductive health commodities; assisting the Government's advocacy activities with national and community leaders, including drawing attention to the reproductive health needs of vulnerable, underserved and hard-to-reach groups (including refugees); and promoting the provision of appropriate reproductive health and IEC services to adolescents and youth by using an informal approach through NGOs, the media, the private sector and organized peer groups.

16. Reproductive health. Reproductive health programmes in Kenya suffer from a number of constraints. Generally speaking, there is a lack of integrated reproductive health services that encompass family planning, Safe Motherhood, sexual health, and the prevention and treatment of STDs, including HIV/AIDS. The services that do exist are not usually of high quality and are, in any case, inaccessible to at least 25 per cent of the population. An overriding concern is that reproductive health services do not take into account the perspective of women, who are often inhibited from using them by cultural attitudes, attitudes that also often include harmful traditional practices. At the same time, other important target groups, such as adolescents and men, do not have services designed to meet their needs or the IEC materials that would help them to understand how they could improve their own reproductive health and that of their partners.

17. The goal of the proposed programme is to see that by the end of the programme period 55 per cent of health service delivery points offer integrated reproductive health services. This will be

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achieved by working to ensure that all service delivery points that offer family planning services (about half of them) are upgraded to include a complete array of basic reproductive health services. In addition, 10 per cent of other health facilities will also be strengthened to offer reproductive health services in order to begin to reach the 25 per cent of Kenyan women who are now outside the reach of family planning services. The number of facilities that are able to diagnose and treat STDs will be increased from 35 per cent of the total to 45 per cent. The programme will also work to see that all districts have the appropriate information, counselling and services to address the special needs of adolescents.

18. In the important area of capacity-building, the Fund will work to strengthen the management of reproductive health programmes at all levels. To identify the gaps in service delivery, the geographic information system (GIS) will be expanded from the current coverage of 19 districts to national coverage. Identified weaknesses will then be addressed by extensive cascade training programmes, including those for reproductive health care providers as well as for managers at higher levels of the health system. Some of these activities will be designed to support expansion of services that meet the reproductive health needs of adolescents by carrying out training in such areas as adolescent health management and counselling. The current participation of communities, NGOs, professional bodies and the private sector in implementing reproductive health activities will be strengthened by continuing and reinforcing outreach activities, cost-recovery schemes, training of traditional birth attendants, community-based distribution programmes and other innovative interventions including condom-dispensing facilities. Support will be given to the design and implementation of programmes that focus on the needs of men and encourage their participation. Appropriate research, and full dissemination of the findings, will be supported. In addition, the proposed programme will, in collaboration with other donors, procure contraceptives and commodities required by the national programme, benefiting from the comparatively advantageous procurement services of UNFPA, and assist the Government to define a longer-term strategy for sustainability in procuring contraceptives.

19. Population and development strategies. The fifth country programme will assist in the implementation of the National Population Policy for Sustainable Development. It will also provide support, with other donors, for the formulation of a national policy on gender and to the Central Bureau of Statistics for analysis and dissemination activities of the 1999 census and for the development and management of an integrated multisectoral information system (to include gender-disaggregated data). The proposed programme will also support research on population and development strategies (including environmental management and gender concerns); and ensure that capacity building through training in management and in substantive aspects of population and development (both national and international, long-term and short-term) is an integral component of sectoral population programmes.

20. Advocacy. Assistance will be provided for the Government's advocacy efforts by helping to design messages for specific target groups that focus on behavioural change, control of the spread of HIV/AIDS, empowerment of women by changing discriminatory policies, and the elimination of

harmful traditional practices. UNFPA support will also assist the Government to enhance ownership and sustainability of the national population programme through improved institutional and operational mechanisms for coordination, supervision, monitoring and evaluation of advocacy activities. Strategies to meet these challenges will include coalition-building and networking; consultation and negotiation; mass media, and use of appropriate NGOs, particularly women's NGOs.

Implementation, monitoring and evaluation

21 National execution will be the exclusive *modus operandi* for programme implementation, which will be primarily by government institutions and NGOs. While this still requires considerable support from the UNFPA country office, it is the way towards institution strengthening, and capacity building, and a greater sense of ownership, accountability and hence sustainability. National expertise constitutes the single most important source of technical support, and project personnel as well as consultants will monitor the programme on a regular basis. The services of UNFPA Country Support Team advisers will also continue to be drawn upon. Established UNFPA procedures for the monitoring and evaluation of the overall programme and of its constituent elements will be followed, with a mid-term review scheduled for June 1999 and annual project reviews. All component activities will incorporate quantitative and qualitative goals and measurable indicators. Changes in these indicators will give an indication of the impact of the overall programme.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for Kenya, as outlined above, in the amount of \$20 million over the period 1997-2001, \$16.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$3.5 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.
